



**The Greatest Taste In Burgers**

**FRANCHISE CHECKLIST**



**Mr. Bojangles – The Greatest Taste In Burgers**

**Tel: 011 314 4646 | Fax: 086 563 6032**

**E-Mail: [Info@mrbojangles.co.za](mailto:Info@mrbojangles.co.za)**

**Website: [www.mrbojangles.co.za](http://www.mrbojangles.co.za)**

---

Thank you very much for expressing interest in the MR BOJANGLES Franchise concept. We are looking for vibrant individuals to become Franchisees and confident that we will be able to match you with a site in an area of your preference.

Mr Bojangles takes great care to ensure that any prospective Franchisee fits well with the brand and will be a suitable store operator. Therefore all potential Franchisees have to:

1. Complete the Franchise Application document in Full
2. Provide all the supporting documentation requested
3. Pay the R2, 000.00 NON –REFUNDABLE Application Fee
4. Undergo the Franchise Competency Test
5. Complete the In-Store Assessment Process
6. Be interviewed by the CEO

Once the prospective Franchisee has gone through this process, all the information is taken into consideration in determining whether a candidate is accepted or rejected as Franchisee and an official agreement will be signed.

Please feel free to contact me directly should you have any additional questions.

[Zach@mrbojangles.co.za](mailto:Zach@mrbojangles.co.za)

[www.mrbojangles.co.za](http://www.mrbojangles.co.za)



**Mr. Bojangles – The Greatest Taste In Burgers**

**Tel: 011 314 4646 | Fax: 086 563 6032**

**E-Mail: [Info@mrbojangles.co.za](mailto:Info@mrbojangles.co.za)**

**Website: [www.mrbojangles.co.za](http://www.mrbojangles.co.za)**

**FRANCHISE APPLICATION**

THIS APPLICATION DOES NOT OBLIGATE EITHER PARTY IN ANY MANNER

APPLICANTS NAME: \_\_\_\_\_

STORE LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_

A non-refundable application fee of R2, 000.00 is to be attached with this application. A full ITC check, police check as well as a Franchise Competency test will be conducted.

Application Fee Invoice Detail:

Invoice to be made out to: \_\_\_\_\_

Vat Reg No: \_\_\_\_\_

**Application Fee Banking Details**

EFT Payment to be made to:

MR Bojangles Holdings CC

FNB

Carswald Branch

Acc:

I understand this application does not obligate either party in any manner and that the application fee is non-refundable and also consent to a full ITC and police check by Mr Bojangles.

\_\_\_\_\_  
**DATE:**

\_\_\_\_\_  
**SIGNATURE:**

**APPLICATION INFORMATION:  
FRANCHISE APPLICATION**

**FOR OFFICE USE ONLY:**

APPLICANTS NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

NEW/ EXISTING: \_\_\_\_\_

AVAILABLE FUNDS: \_\_\_\_\_

**Process:**

- Set up meeting & discussion
- Application documents
- ITC Check
- Franchise Competency Test
- In Store Assessment
- Interview with CEO
- Approve/ Reject
- Acceptance of Franchisee
- Match Site with Franchisee
- Invoice Joining Fee (R100, 000.00 excl VAT)
- Joining Fee paid into Attorneys Trust Account
- FICA Documents submitted to Attorney

**Document Check List**

- Complete Application Document
- FICA Form
- 2 x Certified Copies of ID
- CV
- Tax Clearance Certificate
- Police Clearance Certificate
- Certificate to Commence Business & CM29 in the case of a (Pty) Ltd
- CK1, CK2 documents in the case of a CC
- Proof of Physical address for all directors/ members/ trustees etc
- Deed of Suretyship
- Franchise Agreement
  - Description of premises as per lease agreement
  - Commencement Date (opening date of shop)
  - Royalties and Marketing Fees as per CEO
  - Debit Order for Royalties and Marketing Fees

**Development**

- Projected Income for Store
- Business Plan with Financials
- Plans Drawn Up
- Costing of Store
- Full Cost Deposited into Trust Account
- Franchise agreement to be signed
- Lease agreement signed
- Training of Franchisee and Staff

**Personal Information**



**Franchise Application**

The following details are required from prospective franchisees of Mr Bojangles Holdings CC. To assess their suitability as franchisee, please complete in full:

Full Name: \_\_\_\_\_

Geographical Area Interested in: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID #: \_\_\_\_\_

Nationality: \_\_\_\_\_

Language – Home: \_\_\_\_\_ Other: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_

\_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Landline: \_\_\_\_\_ Fax: \_\_\_\_\_

Other: \_\_\_\_\_

Marital Status: Single                      Married                      Divorced                      Widowed

If Married: In community of Property                      Out of Community of Property

Number of Dependents: \_\_\_\_\_

When would you be able to start training? \_\_\_\_\_

If you are part of a partnership or are a co-shareholder, please submit your partner's details below:

Full Name: \_\_\_\_\_

Geographical Area Interested in: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID #: \_\_\_\_\_

Nationality: \_\_\_\_\_

Language – Home: \_\_\_\_\_ Other: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_

\_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Landline: \_\_\_\_\_ Fax: \_\_\_\_\_

Corporate Entity

Private	Close Corporation	(Pty) Ltd	Partnership
---------	-------------------	-----------	-------------

Registration Number

\_\_\_\_\_

Nett Asset Value

< R 1 000 000.00	> R 1 000 000.00
------------------	------------------