



The Greatest Taste In Burgers

FRANCHISE APPLICATION



**EDUCATION AND QUALIFICATIONS
FRANCHISE APPLICATION**

Secondary Education

Establishment _____ Final Year _____

Highest Grade Passed _____

List Major Subjects _____

University Exemption Yes No

Tertiary Education (Incl University, College, Apprenticeship)

Establishment _____ Final Year _____

Qualification _____

Establishment _____
Establishment _____ Final Year _____
Qualification _____

**EMPLOYMENT HISTORY
FRANCHISE APPLICATION**

Please attach a detailed CV outlining work history and experience.

Present/ Most recent Employment Information

Company _____

Period _____

Position _____

Responsibilities _____

Reason for Leaving (if applicable) _____

Permission to perform reference checks on the above Yes No

SIGNATURE:



**FINANCIAL INFORMATION
FRANCHISE APPLICATION**

Attach your latest personal Balance Sheet detailing assets and liabilities

Status

Have you or any Company that you were a Director of or any Close Corporation that you were a member of, eve been sequestrated, liquidated or wound up

YES No

If yes- state whether rehabilitated

YES NO

Is there any outstanding litigation against you or your partners

YES NO

If yes- specify _____

Funds Available

Un- borrowed funds to be invested in franchise _____

Present Banking Institutions

Account Name _____ Branch _____

Bank _____ Branch Code _____

Account Name _____ Branch _____

Bank _____ Branch Code _____

Trade Credit Reference

Company _____ Branch _____

Account No _____ Contact No _____

Company _____ Branch _____

Account No _____ Contact No _____

Important Personal References

Name _____ Contact No _____

Relation _____

Name _____ Contact No _____

Relation _____

Name _____ Contact No _____

Relation _____



Mr. Bojangles – The Greatest Taste In Burgers

Tel: 011 314 4646 | Fax: 086 563 6032

E-Mail: Info@mrbojangles.co.za

Website: www.mrbojangles.co.za

**FICA PARTICULARS
FRANCHISE APPLICATION**

Please complete the following information for our records:

Applicants Name:	
ID Number:	
Postal Address:	
Residential Address:	
Residential Phone:	
Cell No:	
Email:	
Income Tax Number:	
Company Name:	
Company Registration No:	
VAT Number:	
Phone No:	
Fax No:	
Physical Address:	
Contact Person:	

Nett Asset Value:	< R 1 000 000.00	> R 1 000 000.00
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Mr. Bojangles – The Greatest Taste In Burgers

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Supporting documentation to be included:

1. Certified copy of ID Document
2. Proof of Physical address by means of utility bill
3. Tax Clearance Certificate
4. Police Clearance Certificate
5. Corporate Entity
6. Nett asset value or annual turnover (for the purpose of determining whether it falls under the protection of the National Credit Act and Consumer Protection Act).

Return to: Zach Angouras/ zach@mrbojangles.co.za

Once the prospective franchise 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 franchise agreement will be signed.

ACKNOWLEDGEMENT

I understand that Mr Bojangles Holdings CC will rely upon all the above information as a material factor in considering my application to become a franchisee of their group, and I therefore to promptly notify Mr Bojangles of any material information changes.

I understand that this document is only an application document and is subject to approval and that it does not obligate either party in any manner.

I declare the particulars provide by me in this document to be correct and hereby consent to a full ITC and police check by Mr Bojangles

Signed at _____ on this _____ day of _____ 20____

SIGNATURE:

Return to:

**CEO: I Z Angouras
082 560 9849
(011) 314 4646**

**MANAGING DIRECTOR: T Kotitis
083 456 3090
(011) 314 4646**

**PHYSICAL ADDRESS:
Mr Bojangles Holdings CC
Shop No 8 Corporate Park South
Cnr Old Pretoria and Nyala Roads
Midrand**