

APPLICATION FOR DYMOCKS FRANCHISE

DATE: _____ ARE YOU RESPONDING TO AN ADVERTISEMENT? WHICH PUBLICATION?: _____

AREA SOUGHT: _____

NAME(S) IN FULL: Mr/Mrs/Miss/Ms _____ Date of Birth _____
Given Names Surname

Mr/Mrs/Miss/Ms _____ Date of Birth _____
Given Names Surname

HOME ADDRESS: _____
POSTCODE: _____ NO. OF YEARS: _____

TELEPHONE NUMBERS: (home) _____ (work) _____

(mobile) _____ (fax) _____

EMAIL: _____

MARITAL STATUS: _____ NO. OF CHILDREN: _____ AGES: yrs _____

PREVIOUS ADDRESS: _____

NO. OF YEARS AT THIS ADDRESS: _____

WILL YOUR SPOUSE BE ACTIVE IN THE BUSINESS? _____

OTHER FAMILY MEMBERS WHO WOULD BE ACTIVE IN THE BUSINESS: _____

WHAT IS YOUR STATE OF HEALTH (list major illnesses, operations & disabilities) _____

WHY ARE YOU INTERESTED IN A DYMOCKS FRANCHISE? _____

WHAT DO YOU FEEL WOULD BE YOUR MAJOR CONTRIBUTION TO THE BUSINESS? _____

WHEN ARE YOU ABLE TO START? _____

DO YOU HAVE ANY CRIMINAL OR CIVIL CONVICTIONS? _____

WHAT ANNUAL INCOME WOULD YOU EXPECT TO EARN FROM A DYMOCKS FRANCHISE? _____

BUSINESS REFERENCES (Contact with references will only be made with your consent)

NAME & POSITION: _____

COMPANY: _____ TEL NO: _____

NAME & POSITION: _____

COMPANY: _____ TEL NO: _____

NAME & POSITION: _____

COMPANY: _____ TEL NO: _____



PERSONAL REFERENCES

NAME & RELATIONSHIP: _____

TEL NO: _____

NAME & RELATIONSHIP: _____

TEL NO: _____

NAME & RELATIONSHIP: _____

TEL NO: _____

PREVIOUS EXPERIENCE (LIST MOST RECENT POSITIONS FIRST)

EMPLOYER: _____ TOWN: _____

EMPLOYED FROM: _____ TO: _____

POSITION: _____

DUTIES: _____

ANNUAL INCOME: _____ REASON FOR LEAVING: _____

EMPLOYER: _____ TOWN: _____

EMPLOYED FROM: _____ TO: _____

POSITION: _____

DUTIES: _____

ANNUAL INCOME: _____ REASON FOR LEAVING: _____

EMPLOYER: _____ TOWN: _____

EMPLOYED FROM: _____ TO: _____

POSITION: _____

DUTIES: _____

ANNUAL INCOME: _____ REASON FOR LEAVING: _____

EDUCATION STANDARD ACHIEVED: _____

DATE: _____

FURTHER STUDIES OR COURSES COMPLETED: _____

HOBBIES AND LEISURE INTERESTS: _____



BUSINESS & WORK EXPERIENCE

WHAT EXPERIENCE DO YOU HAVE WITH BOOKS? _____

HAVE YOU EVER OPERATED YOUR OWN BUSINESS? (please give details) _____

This information is true to the best of my knowledge. I understand this application is not binding on either party. I hereby give permission to check all or any information contained herein.

Signature: _____ Date: _____

Signature: _____ Date: _____

**TO:
DYMOCKS FRANCHISE SYSTEMS (CHINA) LTD.
G.P.O. BOX 2570, HONG KONG**



PERSONAL FINANCIAL STATEMENT

NAME: _____

LIABILITIES proof)

MORTGAGES: \$ _____
HIRE PURCHASE: \$ _____
LEASE AGREEMENTS: \$ _____
CREDIT CARDS (list details) \$ _____
Bankcard/Mastercard/Visa

No(s) _____

Limit: \$ _____

BANK LOANS: \$ _____
OVERDRAFT \$ _____
PERSONAL LOANS: \$ _____
TAXATION: \$ _____
RATES: \$ _____
LAND TAX: \$ _____

OTHER LIABILITIES (LIST SOURCE AND DETAILS): _____

TOTAL \$ _____

ASSETS (you may be asked to furnish

HOME: \$ _____
BANK DEPOSITS: \$ _____
CASH \$ _____
SHARES: \$ _____
OTHER REAL ESTATE: \$ _____
SUPERANNUATION: \$ _____
MOTOR VEHICLES: \$ _____
DEBTORS: \$ _____

PERSONAL EFFECTS: \$ _____

OTHER INCOME (list source and details)

TOTAL \$ _____

MONTHLY COMMITMENTS

MORTGAGE REPAYMENT \$ _____
FURNITURE HIRE PURCHASE: \$ _____
TOTAL OUTGOINGS: \$ _____
MOTOR VEHICLES: \$ _____
LIVING EXPENSES: \$ _____

ARE YOU A DECLARED OR UNDECLARED BANKRUPT? _____

IS ANY LEGAL ACTION CURRENT OR PENDING AGAINST YOU OR ANY COMPANY ASSOCIATED WITH YOU?

WILL YOU APPLY ON BEHALF OF A COMPANY? _____

COMPANY NAME: _____

REGISTERED OFFICE: _____

SECRETARY _____ DIRECTORS: _____

SHAREHOLDERS: _____

IS IT A TRUSTEE COMPANY? _____ NAME AND TYPE OF TRUST _____

BENEFICIARIES: _____

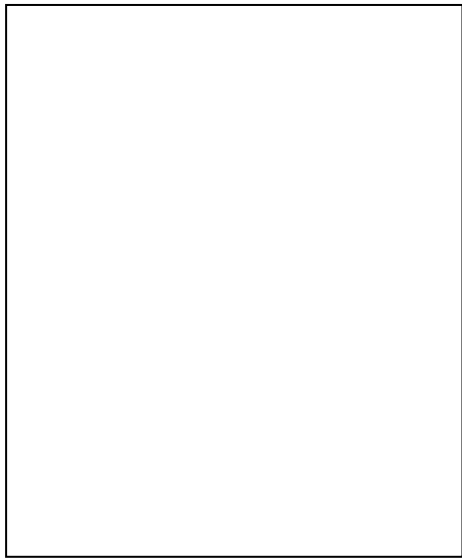
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Signature: _____ Date: _____



Attach Personal Photo



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