



THE *ULTIMATE* CRIME BARRIER

Franchise Application Form

The completed form needs to be scanned and emailed to mjohns@trellidor.co.za , or faxed to 0866 369 757 upon receipt of your application you will be contacted by our National Franchise Manager with further information.

Additional documentation required:

- Copy of ID document
- Copy of CV

Which area are you applying for?

A - Personal Information

Note: All information supplied in this questionnaire will be used solely for the purpose of assessing your suitability as a franchisee and will be kept confidential.

Title: _____

First Name: _____

Last Name: _____

ID no.: _____

Date of Birth: _____

Age: _____

Passport no.: _____

Nationality: _____

Physical Address: _____

Area Code: _____

Postal Address: _____

Area Code: _____

Office Tel: _____

Fax: _____

Cell: _____

E-Mail: _____

Home Tel: _____

B - Employment History

Please provide us with your brief employment history:

From: _____ To: _____

Company: _____

Position: _____

From: _____ To: _____

Company: _____

Position: _____

From: _____ To: _____

Company: _____

Position: _____

From: _____ To: _____

Company: _____

Position: _____

Please provide details of your highest qualification achieved:

Qualification: _____

Year Completed: _____

Institution: _____

C – Industry Background

Experience in industry related to Trelidor or which may qualify you as a possible franchisee:

Sliding Physical Security

Other security – state which: _____

Home improvements – state which: _____

Construction

Engineering

Any other experience which may relevant:

D -Skills Self Assessment

Please complete an assessment of your own skills in each of the areas below;

Management Skills	Poor	Average	Good	Excellent
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Marketing Skills	Poor	Average	Good	Excellent
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Planning Skills	Poor	Average	Good	Excellent
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Promotional Skills	Poor	Average	Good	Excellent
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Sales Skills	Poor	Average	Good	Excellent
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Communication Skills	Poor	Average	Good	Excellent
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Computer Skills	Poor	Average	Good	Excellent
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Training Skills	Poor	Average	Good	Excellent
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E - Financial Information

Have you ever been insolvent (tick):

YES		NO		DATE	
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If "YES": State whether rehabilitated (tick):

YES		NO		DATE	
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Current Income

Description (salary, drawings, etc)	Source (company name etc.)	Monthly Amount
	<i>Total Current Income:</i>	

Total cash or equivalent available for investment in franchise	
Fair Market Value of business (es) owned	
Equity in real-estate owned	
Will you require financial assistance to purchase a franchise?	

F - CONFIDENTIALITY UNDERTAKING

I am interested in exploring the possibility of acquiring a franchise from Trellicor (Pty) Limited (Trellicor) and have requested Trellicor to supply me with information (Confidential Information) to assist me in arriving at a decision.

1.

Confidentiality Undertaking

I undertake in favour of Trellicor and its holding company that I will:

- 1.1 use the Confidential Information only for the purpose for which it was supplied; and
- 1.2 take all reasonable steps to keep the Confidential Information secret and, without limiting the generality of the foregoing, I undertake not to disclose the Confidential Information to persons other than those who are required to know it and who have been placed under an obligation to keep the said information confidential.

2.

Exclusions

My undertaking does not apply to information which is public knowledge or becomes publically known otherwise than as a consequence of a breach of this undertaking.

3.

Public Announcements

I agree not to publicise the fact that I am investigating the possibility of acquiring a Trellicor franchise.

Signature

Full Names:

Address:

Contact Telephone Number: