

Franchisee Application Form

Dear Applicant,

Thank you for your interest in the Ocean Master Franchise System.

Your application will be treated with the utmost confidence and will only be used to assess your suitability as an Ocean Master franchisee.

Please complete this application by printing your answers in the space provided. The information submitted must be as current and accurate as possible. You may be requested to provide proof of your financial declarations.

Any business partner or associate, other than your spouse, who intends to join you in this venture must complete a separate application.

Please attach any additional and relevant documents you feel could support your application. Please include your curriculum vitae together with your recent photograph with your application.

Kindly post the application form to:

Ocean Master international Pty Ltd
PO Box 5327
Marrickville NSW 1475
Australia

Ocean Master International Pty Ltd reserves the right to accept or reject your application.

Thank you and we wish you the best success.

Regards,

Director of Franchising

Personal Details

CONTACT DETAILS				
First Name:	Middle Name	Surname	Date of birth / /	Gender
Marital status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Defacto <input type="checkbox"/>
Spouse First Name	Middle Name	Surname	Date of Birth / /	Gender
Number of children:	Ages: 1:	2:	3:	4: 5:
Home Tel:	Mobile Tel:	Fax:		
E – Mail Address:				
Residential Address:				
Suburb:	State:	Postcode:		
How long have you lived at this address?				
BUSINESS EXPERIENCE				
Have you ever operated a business? If yes, provide details: E.g. Owner/Partnership/Manager/Other? Please specify...				
Type of business?				
Activities of business?				
Period of involvement?				
Current status of the business?				
Were you involved with customer service?				
Were you involved with financial matters?				
Were you involved with marketing activities?				
Do you consider your people skills adequate?				
Were any of your family members involved with the business?				
Business References:				
1.				
2.				
3.				
Other Comments: (You may wish to take this opportunity to identify your strengths and weaknesses in business management.)				

Personal Details Continued...

Are you considering a business partner other than your spouse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, will your partner be active in the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your spouse planning to work in the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, please indicate: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours Per Week?		
What special skills or interests do you have? Please specify:		
Do you have any health problems? If so, please specify:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you own a motor vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Driver's License Number:	State of Issue:	
Have you ever been bankrupt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Referees: We may need to contact your employers or referees to certify your statements. Do you have any objection to us contacting your past employers &/or references?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your application is successful, when are you able to commence?		
Date:		

Employment History

CURRENT EMPLOYMENT		
Company Name:	Contact Person:	Contact Phone Number:
Company Address:	Nature of Business:	
Position Held:	Period of Employment:	
Please provide details of your position and job description during your employment:		
PREVIOUS EMPLOYMENT		
Company Name:	Contact Person:	Contact Phone Number:
Company Address:	Nature of Business:	
Position Held:	Period of Employment:	
Please provide details of your position and job description during your employment:		

Your Income/Assets and Liabilities

INCOME DETAILS	
Last financial year details	Year Period:
Details	Amount
Total gross annual salary	\$
Total 'Other Income'*	\$
Total income	\$

*Please identify source of "Other Income":

ACCOUNTS BALANCE OF LIQUID ASSETS			
Name of bank or Financial Institution	Name of Account Holder	Type of Account	Balance
			\$
			\$
			\$
			\$

OTHER ASSETS			
Type of Asset	Current Value	Less Owed	Net Equity
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$

LIABILITIES			
Debtors	Type of Liability	Balance Owning	Monthly Repayment
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total		\$	\$

Disclaimer

I understand that the granting of a franchise is at the sole discretion of the Franchisor (Ocean Master International Pty Ltd). I understand that any information I receive from the Franchisor or from any employee, agent or franchisee of the Franchisor is highly confidential ("Confidential Information"), has been developed with a great deal of effort and has been developed with a great deal of effort and expense to the Franchisor, and is being made available to me solely because of this Application. I agree that I shall treat and maintain all Confidential Information as confidential, and I shall not, at any time, without the express written consent of the board of directors of the Franchisor, disclose, publish, or divulge any Confidential Information to any person, firm, corporation or other entity, or use any Confidential Information, directly or indirectly, for my own benefit or the benefit of any person, firm, corporation or other entity, other than for the benefit of the Franchisor.

I authorise the procurement of an investigative consumer report, a general background search. I understand that these Investigations may reveal information about my background, character, general reputation, mode of living, association with other individuals or entities, creditworthiness, litigation history and job performance. I understand that, upon written request, within a reasonable period of time, I am entitled to additional information concerning the nature and scope of these Investigations. I hereby release a representative of the Franchisor, a credit bureau, security consultant or other investigative service provider selected by the Franchisor, its officers, agents, employees, and/or servants from any liability arising from the preparation of these Investigations.

This authorisation for release of information includes but is not limited to matters of opinion relating to my character, ability, reputation, association with others and past performance. I authorise all persons, schools, companies, corporations, credit bureaus, law enforcement agencies or other investigative service providers to release such information without restriction or qualification to a representative of the Franchisor, a credit bureau, security consultant or other investigative service provider selected by the Franchisor and any of its officers, agents, employees and/or servants. I voluntarily waive all recourse and release them from liability for complying with this authorisation. This authorisation/release shall apply to this as well as any future request for these Investigations by the above named individuals or entities. I authorise that a photocopy or facsimile of this release be considered as valid as the original.

Everything that I have stated in this application is true and I understand that the information provided by me will be relied upon by the Franchisor.

I have read the above disclaimer. **Yes/No** (please circle)

Signature

Applicants Name

Date