

FRANCHISE APPLICATION FORM



Privacy Policy: All information provided is kept confidential and will not be disclosed except for purposes of verification

Personal details

First Name

Surname

Title Mr / Mrs /Ms

Email

Physical address

Contact number Mobile: Home: Work:

ID / Passport number

Nationality

Language

Driver's License Yes: No: Code:

Tell us more about yourself

What experience and background will assist you in operating this business

Why are you interested in an Amani Spa franchise

What kind of Spa are you looking for City: Safari: Country: Coastal:

Which city & country would you like to open an Amani Spa City: Country:

Rate yourself | 1(low) – 5 (high)

Numbers & figures

Computer literacy

Administration

People management

Franchise Plans: Please fill in one of the below options (I have OR I do not have a spa location):

I do have a spa location

Spa location

Is the spa an existing spa

Yes: No: If yes, how big is the spa (m2):

Number of treatment rooms

Hydro facilities

Sauna: Rasul: Steam room: Heated pool:
Other:

Change rooms

Yes: No:

Relaxation area

Yes: No: If yes, specify:

I do not have a spa location

How large is the spa facility you are looking for (m2)

Your spa business

What role would you take in the business

Do you have any industry / spa experience

Yes: No: If yes, specify:

Describe your personality

Proposed opening date of spa

Month: Year:

Financial Information

Amount of Capital Available for the Business	
Please explain Source of Capital	Owned <input checked="" type="checkbox"/> Personal Loan: <input checked="" type="checkbox"/> Loan from Financial Institution: <input checked="" type="checkbox"/>
Are there any other Investors? If Yes, please provide details	Yes: <input checked="" type="checkbox"/> No: <input checked="" type="checkbox"/> If Yes, they will be required to fill in page 1 of this application form

Your references	
Please list 3 References:	<p>Full Name: Company: Position in Company: Contact Details:</p> <p>Full Name: Company: Position in Company: Contact Details:</p> <p>Full Name: Company: Position in Company: Contact Details:</p>

In submitting the foregoing application and statement, the undersigned guarantees its accuracy with the intent that it be relied upon in granting a franchise and extending credit to the undersigned and warrants that he/she has not knowingly withheld any information that might affect his/her credit risk, and the undersigned expressly agrees to notify Franchisor immediately in writing of any material change in his/her financial condition whether application for further credit is made or not and in the absence of such written notice, it is expressly agreed that Franchisor in granting a franchise or credit may rely on this statement as having the same force and effect as if delivered upon the date additional credit is requested or existing credit is extended or continued.

The undersigned consents and authorizes Franchisor to conduct a background check which may include investigation of employment history, educational background, criminal history, military records, credit history and department of motor vehicle records. All information derived from the above shall be kept confidential and be used by Franchisor for internal evaluation purposes only.

The undersigned certifies that each part of the application and financial statements hereof and the information inserted herein has been carefully read and is true and correct.

Date _____

Signed _____

We thank you for showing interest in Amani Spas and look forward to receiving your application.
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