



Request for Consideration

The purpose of this REQUEST FOR CONSIDERATION form is for general information which facilitates our effort to evaluate your qualifications to own and operate a Fencing Around franchise. It is not an application form. Information will only be disclosed to our Directors. Completion of this form does not constitute a contract or promise. Should you qualify and a mutual interest develops, we will request additional information. Syndic Limited (the Franchisor) will not enter into any correspondence or discussion regarding their decision to reject any application.

Please return to Syndic Limited, 2 Syndic Street, Cromwell, Central Otago. Or Fax to 03 4453228

(Please print or type)

PERSONAL INFORMATION (enclose photograph if available)

Name Mr / Mrs / Miss / Ms.....

Street Address

..... How long at this address

Business Phone Facsimile Mobile

Home Phone Best time to call e-mail

Date of Birth Marital Status Health good fair poor

Are you a citizen of New Zealand? yes no If not, what country?

Describe any physical disabilities or limitations

.....

Are you on any medication? If yes what for?.....

Spouses/partners Name Date of Birth

Spouses/partners Employment

Dependants Names and Ages if under 21

.....

.....

What are your hobbies, sports, community activities and outside interests?

.....

.....

Have you ever been convicted of anything other than a minor traffic violation? yes no

If yes, please state the details

.....

EDUCATION INFORMATION (plus attach Curriculum Vitae if prepared)

Highest qualification received

Other qualifications or degrees

Detail any sales, marketing or management training.....

Other skills or qualifications that will be used in the Fencing Around Franchise
.....

INDUSTRY TRAINING (NOT LISTED ABOVE)

BUSINESS EXPERIENCE*(Please list company name, type of business, positions held and your most significant accomplishments)*

Present / Most Recent Position

Previous Position

Have you ever owned a business? yes no If yes, what type?
.....Have you ever owned a franchise? yes no If yes, what type?.....

Other Business Affiliations (Director, Partner, etc)

PERSONAL FINANCIAL STATEMENT

Present Annual Wage/Salary \$.....

Current Assets

Cash on hand and in banks \$.....

Investments \$.....

House Government Valuation \$.....

Equity in businesses \$.....

Automobiles \$.....

Other assets \$.....

Current Liabilities

Loans payable to bank \$.....

Bills due, creditors \$.....

Real estate mortgages \$.....

Personal Loans \$.....

Hire Purchases \$.....

Other debts..... \$.....

BUSINESS ASPIRATIONS

Where did you hear about Fencing Around?

What appeals to you about Fencing Around?

How soon would you like to be in business? within 60 days? within 4 months? other.....

Please indicate your preference for a Franchise territory

Are you applying as: an individual or as a Partnership? A separate application is required from all partners.

If a Partnership, please give name(s)

What are your reasons for going into your own business?

Do you plan to devote yourself full time to this franchise? yes no

If no, please state how you propose to operate the business

Cash available to invest? \$.....

Other sources of capital you plan to use to establish your Fencing Around **franchise**.....

Will the franchise be your sole source of income? yes no If no, describe other sources of income

PERSONAL REFERENCES

While we will be contacting your references to assist us, we will not disclose the nature of your intended proposition.

Name Address

Phone Occupation Years known

Name Address

Phone Occupation Years known

Name Address

Phone Occupation Years known

Additional information or comments that you want to share with us in evaluating your application

FINANCIAL REFERENCES

Name Address

Phone Nature of business transacted

Name Address

Phone Nature of business transacted

SOLICITOR

Name.....

Firms NameFax..... Phone

Street Address

Postal Address.....

ACCOUNTANT

Name.....

Firms NameFax..... Phone

Street Address

Postal Address.....

BANK

Bank Branch Phone

AddressContact

The undersigned certifies that the above information is true and correct and understands that references and previous employers may be contacted.

To this Request for Consideration I have attached

- Curriculum Vitae Recent Photo Written References

Signature(s) Dated

Name(s)

I/we authorise any person or company to provide you with such information as you may require in response to your enquires for you to consider this application. I authorise you to furnish to any third party details of this application and any subsequent dealings that I may have with you as a result of this application being actioned by you, and to use for lawful purpose connected with your business any information which I or any third party may provide you.

Signature(s) Dated

Name(s)

We advise that under the Privacy Act you have certain rights of access to and correction of personal information.