

APPLICANT \_\_\_\_\_

PREFERRED LOCATION \_\_\_\_\_

## SHAVER SHOP APPLICATION

Thank you for your expression of interest in acquiring a Shaver Shop Franchise.

The attached application is provided to you, "the Applicant", by Shaver Shop Pty. Ltd. ("Shaver Shop") in order to determine your suitability as a Shaver Shop Franchisee.

As the information provided will be relied upon by, and form the basis for a number of decisions by Shaver Shop, it is a fundamental requirement that all information be true, accurate and not in any way misleading.

To clarify your financial position you may be requested to produce proof of your financial situation. Shaver Shop may contact your referees to assist in evaluating your application. You should, therefore, inform your referees of this fact and not list any referees that you do not want contacted.

An application fee of \$2,500 + GST ("Application Fee") must accompany this completed Application Form in order for it to be considered. Cheques for the Application Fee should be made payable to "Shaver Shop Pty Ltd".

If your application is declined it will be refunded to you in full. If successful, it will be held in trust by Shaver Shop, and be fully refundable until the date 14 days after you were provided with a copy of the Franchising Code of Conduct, the Shaver Shop Disclosure Document and the Shaver Shop Franchise Agreement (in the form in which it was to be executed). As at and from this date, you:

- authorise Shaver Shop to, and agree that Shaver Shop will, hold the Application Fee in its capacity as franchisor; and
- agree that the Application Fee will be non-refundable.

If you are ultimately granted a Shaver Shop franchise, the Application Fee will be applied towards Shaver Shop's expenses in connection with your recruitment and the preparation of any franchise documentation. If the Application Fee becomes non-refundable in the manner specified above, Shaver Shop may retain the Application Fee in order to cover Shaver Shop's reasonable expenses incurred in connection with your recruitment, selection and application to become a Shaver Shop franchisee, and the preparation of any franchise documents.



**PERSONAL INFORMATION (APPLICANT ONE)**  
PLEASE COPY FOR OTHER PARTNERS AND ATTACH

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ PHONE (WORK) \_\_\_\_\_

MOBILE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DRIVERS LICENCE NO. \_\_\_\_\_ PLACE OF ISSUE \_\_\_\_\_

PREFERRED SHOP LOCATION \_\_\_\_\_

AUSTRALIAN CITIZEN  Y  N

CRIMINAL CONVICTION/LEGAL PROCEEDINGS  Y  N

IF YES PLEASE PROVIDE DETAIL \_\_\_\_\_

\_\_\_\_\_

PHYSICAL/MENTAL DISABILITIES/LIMITATIONS  Y  N

IF YES PLEASE PROVIDE DETAIL \_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

SPOUSES NAME \_\_\_\_\_ SPOUSES AGE \_\_\_\_\_

CHILDREN  Y  N AGE/S \_\_\_\_\_

WILL SPOUSE BE IN THE BUSINESS  Y  N OWNERSHIP % \_\_\_\_\_

**IF YES** PLEASE COMPLETE THE SPOUSE SECTIONS

**PERSONAL INFORMATION (SPOUSE)**

NAME \_\_\_\_\_

DRIVERS LICENCE NO. \_\_\_\_\_ PLACE OF ISSUE \_\_\_\_\_

AUSTRALIAN CITIZEN  Y  N

CRIMINAL CONVICTION/LEGAL PROCEEDINGS  Y  N

IF YES PLEASE PROVIDE DETAIL \_\_\_\_\_

\_\_\_\_\_

PHYSICAL/MENTAL DISABILITIES/LIMITATIONS  Y  N

IF YES PLEASE PROVIDE DETAIL \_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_



## EMPLOYMENT HISTORY (APPLICANT ONE)

### CURRENT EMPLOYMENT

BUSINESS NAME \_\_\_\_\_

DATE COMMENCED \_\_\_\_\_ POSITION \_\_\_\_\_

RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

### PREVIOUS EMPLOYMENT

BUSINESS NAME \_\_\_\_\_

DATE COMMENCED \_\_\_\_\_ POSITION \_\_\_\_\_

RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NAME & ABN OF COMPANY DIRECTORSHIPS \_\_\_\_\_

QUALIFICATIONS, DEGREES, DIPLOMAS, TRAINING/EXPERIENCE RETAIL SALES, MANAGEMENT

\_\_\_\_\_

\_\_\_\_\_

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## EMPLOYMENT HISTORY (SPOUSE)

### CURRENT EMPLOYMENT

BUSINESS NAME \_\_\_\_\_

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REASON FOR LEAVING \_\_\_\_\_

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NAME & ABN OF COMPANY DIRECTORSHIPS \_\_\_\_\_

QUALIFICATIONS, DEGREES, DIPLOMAS, TRAINING/EXPERIENCE RETAIL SALES, MANAGEMENT

\_\_\_\_\_

\_\_\_\_\_



**REFERENCES (APPLICANT ONE)**

2 EMPLOYMENT / 1 BUSINESS

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

COMPANY \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE NO \_\_\_\_\_

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

COMPANY \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE NO \_\_\_\_\_

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

COMPANY \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE NO \_\_\_\_\_

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2 EMPLOYMENT / 1 BUSINESS

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POSITION \_\_\_\_\_

COMPANY \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE NO \_\_\_\_\_

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

COMPANY \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE NO \_\_\_\_\_

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

COMPANY \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE NO \_\_\_\_\_



**BUSINESS INFORMATION (APPLICANT ONE)**

PROPOSED STRUCTURE  SOLE TRADER  PARTNERSHIP

DIRECTOR \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ABN \_\_\_\_\_ ACN \_\_\_\_\_

FAMILY/BUSINESS TRUST \_\_\_\_\_

DIRECTOR/SHAREHOLDER OF BANKRUPT COMPANY  Y  N

IF YES PLEASE PROVIDE DETAIL \_\_\_\_\_

\_\_\_\_\_

PRIOR/PENDING LEGAL ACTION  Y  N

IF YES PLEASE PROVIDE DETAIL \_\_\_\_\_

\_\_\_\_\_

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**BUSINESS INFORMATION (SPOUSE)**

DIRECTOR/SHAREHOLDER OF BANKRUPT COMPANY  Y  N

IF YES PLEASE PROVIDE DETAIL \_\_\_\_\_

\_\_\_\_\_

PRIOR/PENDING LEGAL ACTION  Y  N

IF YES PLEASE PROVIDE DETAIL \_\_\_\_\_

\_\_\_\_\_



**FINANCIAL INFORMATION (APPLICANT ONE)**

ANNUAL INCOME & ASSETS

SALARY/WAGES \_\_\_\_\_  
 BONUS/COMMISSIONS \_\_\_\_\_  
 DIVIDENDS/INTEREST \_\_\_\_\_  
 REAL ESTATE (MARKET VALUE) \_\_\_\_\_  
 CASH \_\_\_\_\_  
 VEHICLES \_\_\_\_\_  
 PERSONAL EFFECTS ETC \_\_\_\_\_

TOTAL (A) \_\_\_\_\_

NET WORTH (A - B) \_\_\_\_\_

LIABILITIES ANNUAL

TOTAL MORTGAGES \_\_\_\_\_  
 CAR FINANCE/LOANS \_\_\_\_\_  
 CREDIT CARDS \_\_\_\_\_  
 PERSONAL LOANS \_\_\_\_\_  
 UTILITIES \_\_\_\_\_  
 SCHOOL FEES \_\_\_\_\_  
 RATES \_\_\_\_\_  
 INSURANCES \_\_\_\_\_

TOTAL (B) \_\_\_\_\_

HOW WILL YOU FINANCE THE PURCHASE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL INFORMATION (SPOUSE)**

ANNUAL INCOME & ASSETS

SALARY/WAGES \_\_\_\_\_  
 BONUS/COMMISSIONS \_\_\_\_\_  
 DIVIDENDS/INTEREST \_\_\_\_\_  
 REAL ESTATE (MARKET VALUE) \_\_\_\_\_  
 CASH \_\_\_\_\_  
 VEHICLES \_\_\_\_\_  
 PERSONAL EFFECTS ETC \_\_\_\_\_

TOTAL (A) \_\_\_\_\_

NET WORTH (A - B) \_\_\_\_\_

LIABILITIES ANNUAL

TOTAL MORTGAGES \_\_\_\_\_  
 CAR FINANCE/LOANS \_\_\_\_\_  
 CREDIT CARDS \_\_\_\_\_  
 PERSONAL LOANS \_\_\_\_\_  
 UTILITIES \_\_\_\_\_  
 SCHOOL FEES \_\_\_\_\_  
 RATES \_\_\_\_\_  
 INSURANCES \_\_\_\_\_

TOTAL (B) \_\_\_\_\_



## GENERAL INFORMATION

WHY FRANCHISING AND WHY SHAVER SHOP? \_\_\_\_\_

\_\_\_\_\_

HAVE YOU LOOKED AT OTHERS?  Y  N

IF YES WHY DIDN'T YOU PROCEED? \_\_\_\_\_

WHAT QUALITIES DO YOU BELIEVE YOU HAVE THAT WILL BE VALUABLE TO OUR SYSTEM? \_\_\_\_\_

\_\_\_\_\_

DETAIL ANY WORK EXPERIENCE RELATED TO OUR WORK ENVIRONMENT \_\_\_\_\_

\_\_\_\_\_

EXPLAIN FRANCHISING \_\_\_\_\_

\_\_\_\_\_

ARE YOU AWARE OF THE CONTROLS AND PROCEDURES YOU MUST FOLLOW IN A FRANCHISE SYSTEM?  Y  N

ARE YOU PREPARE TO SACRIFICE HOLIDAYS INITIALLY?  Y  N

EXPLAIN HOW YOU WILL MAINTAIN A WORK/LIFE BALANCE? \_\_\_\_\_

\_\_\_\_\_

HOW LONG DO YOU SEE YOURSELF OPERATING THE BUSINESS? \_\_\_\_\_

\_\_\_\_\_

HOW MANY HOURS PER WEEK WILL YOU SPEND IN THE STORE? \_\_\_\_\_

HOW MANY HOURS PER WEEK WILL YOUR PARTNER SPEND IN THE STORE? \_\_\_\_\_

DETAIL YOUR EXPERIENCE IN MANAGING STAFF \_\_\_\_\_

\_\_\_\_\_

WILL FAMILY MEMBERS BE INVOLVED?  Y  N

IF YES PLEASE PROVIDE DETAIL \_\_\_\_\_

\_\_\_\_\_

HOW WILL YOU DEAL WITH QUIETER PERIODS? \_\_\_\_\_

\_\_\_\_\_

WHAT STRATEGIES WOULD YOU USE TO BUILD YOUR BUSINESS YEAR TO YEAR? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ADVICE INFORMATION

DO YOU UNDERSTAND YOU MUST MAKE YOUR OWN ASSESSMENT OF THE BUSINESS AND THE FRANCHISOR CAN NOT PROJECT PERFORMANCE REGARDLESS OF THE TRACK RECORD OF THE SYSTEM?

Y  N

AS WELL AS OBTAINING LEGAL, ACCOUNTING AND FINANCIAL ADVICE WITH REGARDS TO THE DOCUMENTS PRESENTED BY THE FRANCHISOR, WILL YOU READ THEM YOURSELF?

Y  N

ARE YOU AWARE CERTAIN INFORMATION IS CONFIDENTIAL AND CANNOT BE DIVULGED TO ANY THIRD PARTY WITHOUT SHAVER SHOP APPROVAL?

Y  N

WHAT REPRESENTATIONS HAVE BEEN MADE TO YOU AND BY WHOM? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DECLARATION

I / WE \_\_\_\_\_  
OF \_\_\_\_\_  
DECLARE

I / WE CONFIRM THE ABOVE INFORMATION IS TRUE AND CORRECT.

I / WE ACKNOWLEDGE SHAVER SHOP IS COLLECTING THIS INFORMATION TO ASSESS WHETHER I / WE SHOULD BE CONSIDERED AS A POTENTIAL FRANCHISEE.

I / WE AGREE THAT SHAVER SHOP MAY PROVIDE THIS INFORMATION TO ITS AUTHORISED ADVISORS AND RETAIN COPIES FOR ITS RECORDS WHETHER OR NOT I / WE ARE ACCEPTED

SIGNED \_\_\_\_\_

PRINT \_\_\_\_\_

DATE \_\_\_\_\_

ONCE COMPLETED PLEASE RETURN TO

PETER COLLINS  
FRANCHISING MANAGER

PH: 03 9840 5900

FX: 03 9840 5999

AD: SUITE 2, 599 DONCASTER RD, DONCASTER VIC 3108