

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.

Once contacted we will not disclose the nature of your intended proposition. A deposit of \$2,000.00 ("Deposit") must accompany this application for it to be reviewed by the Franchisor.

Cheques should be made payable to: Shaver Shop Trust Account Pty. Ltd. Shaver Shop shall refund the full amount of the Deposit should your application be declined.

If your application is accepted, the Deposit will be fully refundable up until you instruct Shaver Shop to begin preparation of the Shaver Shop Franchise Agreement or any associated franchise documentation. The Deposit will then be applied to the preparation of the franchise documentation. Details of the costs of this preparation will be provided to you.

Should you not proceed with the purchase of a Shaver Shop Franchise by signing the Shaver Shop Franchise Agreement, Shaver Shop shall refund to you the Deposit less its reasonable costs in preparing the franchise documentation. The refund will be made upon safe return of all the Shaver Shop franchise documentation.



**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

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY (SPOUSE)**

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

\_\_\_\_\_

\_\_\_\_\_



**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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**REFERENCES** (SPOUSE)

2 EMPLOYMENT / 1 BUSINESS

NAME \_\_\_\_\_

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

ANDREA ATAMIAN  
FRANCHISING MANAGER

PH: 03 9840 5921  
FX: 03 9840 5999

AD: LEVEL 3, OFFICE TOWER 2, CHADSTONE PLACE,  
CHADSTONE SHOPPING CENTRE  
1341 DANDENONG ROAD  
CHADSTONE VIC 3148