

# APPLICATION FOR A NEW FRANCHISEE TO JOIN THE HEALTHY LIFE GROUP

HEALTHY LIFE will use this report to help evaluate your qualifications for a Franchise. Please complete with your own handwriting and with as much information as possible.

## STRICTLY CONFIDENTIAL

### 1. Store Owner Details

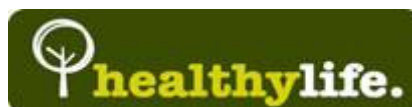
First name:	Second name:	Surname:	
Street address:	Suburb:	State:	Postcode:
Telephone Home:	Telephone		

### 2. Personal Information

Marital status:	Spouses name if applicable:
If married, will your spouse be active in the business?	
Have you ever been convicted of anything other than a traffic offence? Yes/No If Yes Explain:	
Are you currently (or have you been) personally bankrupt? Yes/No	
If yes, have you been discharged? Date of discharge:	

### 3. Education

Personal qualifications, degrees or diplomas:
Describe any training or experience in sales, retailing, management, or other areas which may be relevant to this franchise opportunity;

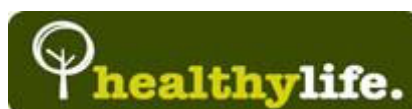


#### 4. Details of Proposed Franchisee

Are you proposing to trade using a company or a trust? Yes / No		
If yes please complete the following information		
Name of Company:		
ACN:	Date of incorporation:	
Registered office:		
Shareholders names and addresses	Number of shares	
1.		
2.		
3.		
Directors names and addresses		
1.		
2.		
3.		
Name of trust:	Date trust established	
Type of Trust:		
Trustee (Name & Address)		

#### 5. General Information

Are you considering a partner (other than your spouse) Yes/No		
If yes Partner's Name:		
Partner's Address:		
Partner's Home Phone:	Partner's Work Phone:	Partner's Mobile:



## 6. Financial Information

How do you propose to finance your business venture?

### Personal Financial Statement

<b>Assets</b>	<b>Liabilities</b>
Cash on hand & on deposit	Home loan: 1 <sup>st</sup> mortgage 2 <sup>nd</sup> mortgage
Accounts, Loans, Notes, Reconciliation:	Real Estate Loans(s) Schedule I See over
Cash Surrender / Life insurance:	Accounts/ Notes to pay to others
Share and Bonds:	Personal Loans (s) Schedule 2
Real Estate – Home Schedule I	Notes Payable:
Real Estate – Other Schedule I	Motor Vehicle Loan(s) Schedule 2
	Guarantor Loan(s) Schedule 2
	Legal Claims:
	Credit Cards:
Other assets (itemize)	Other liabilities (itemize)
Total Assets:	Total Liabilities:

Total Assets minus Total Liabilities Equal Net Worth, or \$



<b>Current Source of Monthly Income</b>		<b>Monthly Expenses</b>	
Net Income:		Rent or mortgage Repayment:	
Bonuses or Commission:		Food & Utilities:	
Dividends and Interest:		Incidentals:	
Real Estate Income:		Motor Vehicle Repayment:	
		Medical:	
Other:		Other:	
Credit Cards:	Company Name:	Balance Due:	Payment:
Total Income:		Total Expenses:	

The difference between income and expenses equals: .....

**Source of funds for Franchise:**

Savings \$	Loan from Bank \$	Other \$
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Lending institution:	Estimated Monthly Repayments:
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**7. References**

Please provide three **Personal References** including contact details:

- 1.
- 2.
- 3.



Please provide three **Financial References** including contact details:

1.
2.
3.

If needed, we may seek authorisation to receive a written reference from your bank / bank manager.

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## 8. Confidentiality

The undersigned (“you”), recognizing the value of the system and unique experience with respect to the operations of a health food retail outlet hereby make application to Healthy Life Partners Pty Ltd (“us”) for a Healthy Life Franchise.

It is understood that, prior to executing the Franchise Agreement and ancillary documents, we may furnish, disclose, or otherwise impart to you, information and materials pertaining to us and related companies, our methods of operations, special techniques, expertise, and promotion and marketing techniques, and that such information is of a proprietary and confidential nature. Accordingly, in recognition of and in consideration thereof, you agree to hold in confidence and keep secret all such information and material that is made known to you by us or learned by you during the course of discussions with us and you will not impart or make know any of the same, to any competitor or any other person, firm or company, except when authorized to do so, in writing by us.

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## Privacy Act- Credit Report

You consent and agree that we may:

- Obtain credit reports from credit reporting agencies or other providers for the purposes of assessing this and any other application, which you may make to us.
- Obtain information from any other credit providers from time to time for the purpose of reviewing and assessing your commercial credit worthiness.
- Disclose to or discuss or exchange with any credit providers or any credit reporting agencies, any prospective guarantor or any person or company agreeing to or considering whether to agree to be liable for any credit to be made available to you, any information in our possession relating to your application.

You warrant that where there is more than one applicant or the applicant is a company, that he or she is authorized to sign on your behalf of all applicants or the company, as appropriate.

I understand that the purpose of this application is for information only. I understand that references and previous employers, with permission, may be contacted. I certify that the above information is true and correct.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: / /

Please send this application to:  
General Manager Retail  
Healthy Life Partners Pty Ltd  
Locked Bag 6565  
Milperra BC, NSW 1891

