



# GOLD BRANDS INVESTMENTS

## APPLICATION & CONFIDENTIALITY UNDERTAKING

**BRAND INTEREST:**  
(Please indicate with ✓)



\_\_\_\_\_ (Prospective Franchisee)

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Of

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please Provide Full Address Incl. Country)

**PRELIMINARY DETAILS OF PROSPECTIVE FRANCHISEE:**

**Name:** \_\_\_\_\_

Nature of Franchisee:

- Sole Proprietorship
- Partnership
- Limited Corporation
- Close Corporation

If other than a Sole Proprietor:

Details of Partners/Members/Shareholders

NAME	ADDRESS	CONTACT NUMBER

**Who will be the franchisees?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Postal Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Numbers:**

**Business** \_\_\_\_\_  
**Cell** \_\_\_\_\_  
**Home** \_\_\_\_\_  
**Fax** \_\_\_\_\_

**Current Business /Employment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please give three areas where you would like to open a franchise:**

1.	
2.	
3.	

**PERSONAL DETAILS OF FRANCHISEE**

**NB: These details must be completed for all partners/members/shareholders.**

**Surname:** \_\_\_\_\_

**First Name/s:** \_\_\_\_\_

**Date Of Birth:** \_\_\_\_\_

**ID Number:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Number of Dependants:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How long at this address:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Numbers:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Joining Fee Excl. VAT	<b>R100 000.00</b>	<input type="checkbox"/> <b>Available</b> <input type="checkbox"/> <b>Not Available</b>
Current Monthly Income	<b>R</b>	
Unencumbered cash available for investment <b>(PROOF TO BE SUBMITTED TOGETHER WITH THE APPLICATION FORM)</b>	<b>R</b>	

**NB : JOINING FEE MUST BE PAID ON SIGNATURE HEREOF OF THE APPLICATION FORM.**

**\* SUPPORTING DOCUMENTS TO ACCOMPANY YOUR LETTER OF INTENT:**

- Certified Copies of ID (All Members, Directors, Trustees)
- Company Registration / Trust Documents
- Proof of Residence of all Members, Directors, Trustees)
- 3 Months Bank Statements
- Copy of All Shareholder Certificates
- If married In Community of property (Spouse must also send copy of his/her ID)

**Franchising Financial Elements 2017**

**Franchise Fee:**

This fee includes:

- The right to use and operate under the Chesanyama name and concept;
- Initial owner and staff training;
- Assistance with site selection and evaluation;
- Initial legal costs incurred in conclusion of the Franchise Agreement;
- Assistance with Lease negotiations; and
- Initial pre-opening/launch assistance.

This fee is payable upfront as a ***deposit pending conclusion*** of the negotiations and is non-refundable after signature of the franchise agreement. Any costs incurred prior to signature of the Franchise Agreement (in the event that the transaction is not consummated for any reason) will be deducted from this upfront payment prior to a refund being processed. These costs may include, without limitation:

- Franchisee assessment costs
- Site feasibility studies
- Costs associated with Lease negotiations
- Training
- Any other costs incurred and/or disbursements made in respect of the transaction

**EDUCATION AND QUALIFICATIONS**

**SCHOOL**

Establishment: \_\_\_\_\_ Date: \_\_\_\_\_

Grade / Standard Passed : \_\_\_\_\_

List Major Subjects : \_\_\_\_\_

\_\_\_\_\_

University Exemption: ( ) YES ( ) NO

**POST – SCHOOL (INCLUDING UNIVERSITY, COLLEGE, APPRENTICESHIP)**

Establishment: \_\_\_\_\_ Date: \_\_\_\_\_

Qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permission to do a reference on the above: ( ) YES ( ) NO

**4. FINANCIAL**

Have you or any company that you were a director of or any close corporation that you were a member of, ever been sequestered, liquidated or wound up?

( ) YES ( ) NO

If Yes – state whether rehabilitated. ( ) YES ( ) NO  
NO

Is there any outstanding litigation against you or your partners? ( ) YES ( ) NO  
NO

If yes, please specify:

\_\_\_\_\_

\_\_\_\_\_

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Account Holder: \_\_\_\_\_

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Branch Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Will someone other than yourself manage the store? \_\_\_\_\_

If Yes, name of Manager: \_\_\_\_\_

**What experience does the proposed manager have in the QSR/Food Industry?**

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**This application is made subject to the following terms and conditions:**

1.The evaluation of the personal details of, questionnaire responses by and personal interview with the Applicant. Gold Brands Investments has the sole right to accept or decline this letter of intent.

2.This offer is made by the Applicant with the full understanding of the Terms and Conditions set out in this document. Should Gold Brands Investments not accept this expression of interest, the Applicant shall be automatically released from his obligations

**Secrecy:**

**1.The Applicant acknowledges that:**

1.1.The system under which Gold Brands Investments operates (“the System”) is the sole and beneficial property of Gold Brands Investments and the Applicant has no rights in the System.

1.2.Neither the Applicant nor any of its employees have any prior knowledge of the System or any aspect of the intellectual property, including without limitation all know-how and trade secrets pertaining to the business and affairs of Gold Brands Investments, or to the manner in which Gold Brands Investments renders its services.

**2.The Applicant undertakes to:**

2.1.Keep secret all information, records, guides and, in particular, any training files, documentation and information as well as all other information supplied by or obtained from Gold Brands Investments in relation to the manner in which Gold Brands Investments operates, the System and/or its business.

2.2.Not divulge or permit the disclosure of the manner in which Gold Brands Investments operates, the System and, in particular but without limitation, the contents of any training files to any third party other than employees employed by the Applicant to conduct Gold Brands Investments business and then only to extent absolutely necessary.

## **CONSENT AND DECLARATION – CREDIT BUREAU**

The Applicant hereby:

Consents and approved Gold Brands Investment to carry out a credit enquiry in respect of the Applicant and/or any of its members, shareholders, directors, partners or trustees, either by accessing any credit agency's database or making inquiries with any credit grantors for purposes of making any risk management decision regarding this application;

Declares that the information supplied herein or attached hereto, is true and complete in every aspect;

Is aware that should any information be found to be false or incomplete this could lead to the refusal of this application.

Signed at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 2017.

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

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### **For and on behalf of the Applicant**

Deliver the application to:

Franchise Application Department

195 With Hazel Avenue, Centurion Highveld

Attention: New Business

Tel: 012 665 2947

Or e-mail to [cathrine@goldbrands.co.za](mailto:cathrine@goldbrands.co.za) / [marcha@goldbrands.co.za](mailto:marcha@goldbrands.co.za)



