



STATEMENT OF INTEREST TO BE CONSIDERED FOR A CAPE CARE FRANCHISE OPPORTUNITY

PERSONAL DETAILS

First Name: _____ Surname: _____
ID NO: _____ Date of Birth: _____
If not RSA, provide your Passport No: _____ Country: _____
Expiry Date _____ STATE NO OF YEARS LIVING IN RSA: _____
OCCUPATION OR BUSINESS INTERESTS: _____

SPOUSE / PARTNER DETAILS

Last Name: _____ First Name: _____
ID NO: _____ Date of Birth: _____
If not RSA, please provide Passport No: _____ Country: _____
Contact No: Code (_____) _____ Cell: _____

CONTACT DETAILS

TELEPHONE NO: Home: (_____) _____ Cell: _____
Fax: (_____) _____: Work (_____) _____
Email Address: _____ Preferred Language: _____

ADDRESS DETAILS

Postal Address: _____
_____ CODE: _____

Physical Address: _____
_____ CODE: _____

Are you married? YES / NO If Yes, date: _____ IN / OUT of Community of Property
No of Dependents: _____

EMPLOYMENT DETAILS

Current Employer: _____ No of Years: _____
Occupation: _____ Income per Annum: _____
Have you ever been self employed: YES / NO. If yes for what period: _____
Have you been Insolvent? YES / NO; Rehabilitated? YES / NO. If so, Date: _____
How do you think your previous experience is relevant? _____



GENERAL

What are your hobbies, interests and / or leisure pursuits? _____

Do you hold a valid drivers licence? YES / NO;

Have you ever been refused a bank loan YES / NO

FRANCHISE INFORMATION:

Ideally, when would you like to start? _____ Preferred area of Franchise: _____

What level of funding do you have? R _____ Do you own or rent property YES / NO

If so, how much equity value do you have R _____

What is your monthly net income that you would like the business to generate? R _____

What is your monthly net income that you need to earn? R _____

Who will be responsible for running the business? _____

Are you looking at other business opportunities? If so, which ones?

Have you ever applied for or owned a franchise before: YES / NO,

If so, please give details: _____

OTHER

Where did you hear about the franchise opportunity? _____

General Comments:

SIGNED

APPLICANT'S NAME

DATE

Please email completed form info@capecareagency.co.za or fax to 021 674 7095

For more information, please contact us.

Tel: 021 674 6897, fax: 021 674 7095, email: info@capecareagency.co.za