

# FRANCHISEE



**BrightEyes**<sup>TM</sup>

SUNGLASSES

## Application Form

Name of applicant /s:

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Contact number:

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In which area are you interested in being granted a franchise?

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Date of application:

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**Prospective franchisee's details** *(If the prospective franchisee is a company please complete the details below)*

Name of prospective franchisee: \_\_\_\_\_ ABN: \_\_\_\_\_

Registered address: \_\_\_\_\_

Business address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Facsimile No: \_\_\_\_\_

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**Current/proposed structure** *(Please tick boxes where appropriate)*

Sole Trader  Partnership  Company  Trust

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**Supporting Information** *ALL PROSPECTIVE FRANCHISEES:*

1. If the prospective franchisee is a company, please provide copies of the company's constitution and certificate of registration.
  2. If the prospective franchisee is a trustee, please provide copies of the trust deed and other amending or related deeds.
  3. If the prospective franchisees are in partnership, please provide a copy of the partnership agreement and any amending or related deeds.
  4. If you have previously operated your own business, please provide a profit and loss statement and balance sheet for the last three (3) years for your business.
  5. Please provide a separate confidentiality agreement for each individual, signed by that individual.
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**Prospective franchisee's details Applicant 1** *(Please complete information below for all individual franchisees or directors of a company franchise). If more than two applicants insert typed sheets.*

Full name: \_\_\_\_\_

Position:  Sole Trader  Partner  Director  Trustee

Private address: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Business Telephone No: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Driver's licence number: \_\_\_\_\_ Place of issue: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age of children: \_\_\_\_\_

Percentage of ownership of business: \_\_\_\_\_ %

Other directorships/business interests you are involved in (name of company/business and address): \_\_\_\_\_

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**Prospective franchisee's details Applicant 1 continued**

How would you describe your health?  Good  Fair  Poor

Describe any impact your health may have on the business: \_\_\_\_\_

Personal qualifications, degrees or diplomas: \_\_\_\_\_

Formal training in optometry, sales, retailing or management: \_\_\_\_\_

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**Prospective franchisee's details Applicant 2**

Full name: \_\_\_\_\_

Position:  Sole Trader  Partner  Director  Trustee

Private address: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Business Telephone No: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Driver's licence number: \_\_\_\_\_ Place of issue: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age of children: \_\_\_\_\_

Percentage of ownership of business: \_\_\_\_\_ %

Other directorships/business interests you are involved in (name of company/business and address): \_\_\_\_\_

How would you describe your health?  Good  Fair  Poor

Describe any impact your health may have on the business: \_\_\_\_\_

Personal qualifications, degrees or diplomas: \_\_\_\_\_

Formal training in optometry, sales, retailing or management: \_\_\_\_\_

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**Trusts** *(If any prospective franchisee is the trustee of a trust this section must be completed)*

Name of Trust: \_\_\_\_\_

Date Trust was established: \_\_\_\_\_

Names of Beneficiaries/Unit Holders: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Adviser Information** *(Please complete information below for your advisers regarding this franchise)*

**Accountant**

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

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

**Banker**

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

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

**Solicitor**

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

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

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**Previous employment history Applicant 1**

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

Occupation: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Type of business: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Period of employment: \_\_\_\_\_ Commencement date: \_\_\_\_\_

Reason you left: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

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**Previous employment history Applicant 1 continued**

Have you ever been dismissed, suspended or required to resign from a position? If yes, please provide details.

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Have you previously been employed by BrightEyes?  Yes  No If yes, please provide details.

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**Previous employment history Applicant 2**

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

Occupation: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Type of business: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Period of employment: \_\_\_\_\_ Commencement date: \_\_\_\_\_

Reason you left: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Have you ever been dismissed, suspended or required to resign from a position? If yes, please provide details.

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Have you previously been employed by BrightEyes?  Yes  No If yes, please provide details.

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**Business Experience** *(if applicable)*

Do you currently have any active involvement or ownership in another business at the date of signing this application? If yes, please provide details.  Yes  No If yes, please provide details.

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Do you intend to retain your ownership / active involvement with the specified business(s)?  Yes  No

Provide details of existing or past business interests. List most recent first.

1. Trading name: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Owner: \_\_\_\_\_ Ownership interest: \_\_\_\_\_ %

Owner: \_\_\_\_\_ Ownership interest: \_\_\_\_\_ %

Owner: \_\_\_\_\_ Ownership interest: \_\_\_\_\_ %

Commencement date: \_\_\_\_\_ Date sold or interest ceased: \_\_\_\_\_

2. Trading name: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Owner: \_\_\_\_\_ Ownership interest: \_\_\_\_\_ %

Owner: \_\_\_\_\_ Ownership interest: \_\_\_\_\_ %

Owner: \_\_\_\_\_ Ownership interest: \_\_\_\_\_ %

Commencement date: \_\_\_\_\_ Date sold or interest ceased: \_\_\_\_\_

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**References** *(Provide two trade references and one personal reference)*

**Reference 1**

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_

Nature of reference (i.e. personal, employment, etc) \_\_\_\_\_

**Reference 2**

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_

Nature of reference (i.e. personal, employment, etc) \_\_\_\_\_

**Reference 3**

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_

Nature of reference (i.e. personal, employment, etc) \_\_\_\_\_

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**Convictions and Legal Proceedings** *(Please complete information below for each individual franchisee or director of a company franchise). If more than two applicants insert typed sheets.*

Give details of any conviction against you personally, in any state or territory of Australia or elsewhere, under any legislation.

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Place and year of conviction: \_\_\_\_\_

Type of offence: \_\_\_\_\_

Penalty: \_\_\_\_\_

Give details of any proceedings, whether they are of a legal or administrative nature of which you or any company of which you have been a director or shareholder has been subject, whether or not in Australia. Please specify:

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Name of plaintiff: \_\_\_\_\_

Name of defendant: \_\_\_\_\_

Year in which proceedings were issued: \_\_\_\_\_ Year in which proceedings concluded \_\_\_\_\_

Subject matter of the proceedings: \_\_\_\_\_

Nature of the judgement awarded and the quantum of that judgement: \_\_\_\_\_

Are you or any company of which you are a director presently subject to any legal proceedings, whether or not in Australia?

Yes  No If yes, please provide details.

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**Financial Background**

Are you, or have you ever been, bankrupt, the subject of a sequestration order or creditors' petition or had estate assigned for the benefit of creditors?  Yes  No If yes, give details including when discharged (if relevant).

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Are you, or have you ever been a director or shareholder of a company when it was placed under receivership, official management or administration or in liquidation?  Yes  No If yes, please provide details.

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Have you, or any company that you were a director of had suppliers refuse or restrict supply because of non-payment of accounts?  Yes  No If yes, give details including name of supplier, place and time.

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What personal guarantees if any, either financial or non financial have been given by you and to whom. Please specify:

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**Household Income/Expenditure** *(List current monthly information)*

**INCOME**

Total salary/wages	\$ _____	Mortgage repayments	\$ _____
Bonus/commissions	\$ _____	Finance/loan repayments	\$ _____
Dividends/interest	\$ _____	Credit card repayments	\$ _____
Real estate income	\$ _____	Telephone/electricity	\$ _____
Other income (specify)	\$ _____	School fees & expenses	\$ _____
	\$ _____	Rates and taxes	\$ _____
	\$ _____	Insurance	\$ _____
	\$ _____	Other expenditure (specify)	\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
<b>TOTAL</b>	\$ _____		\$ _____

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**Statement of Assets and Liabilities** *(Please provide details on the following asset verification schedules - schedule numbers in parenthesis)*

**ASSETS**

Real Estate – current market value	(1)	\$ _____
Cash on hand and in financial Institutions	(2)	\$ _____
Net value of business interests	(3)	\$ _____
Shares/bonds/debentures – current market value	(4)	\$ _____
Other assets	(5)	\$ _____
<b>(A) TOTAL ASSETS</b>	<b>(A)</b>	\$ _____

**LIABILITIES**

Real estate & mortgages	(1)	\$ _____
Notes/loans payable to Financial Institutions	(6)	\$ _____
Loans payable to friends and relatives	(6)	\$ _____
Other debts and obligations	(7)	\$ _____
<b>(B) TOTAL LIABILITIES</b>	<b>(B)</b>	\$ _____
<b>(C) NET WORTH</b>	<b>(A) – (B)=</b>	\$ _____

**Asset Verification Schedules**

**(1) REAL ESTATE**

Address & description of Property (residential, rental, vacant)	Title Particulars	Title in name(s)	Date Acquired	Original Cost	Original Mortgage Amount	Monthly repayments	Current Market Value	Current Mortgage Balance	Net Value
<b>Total</b>							<b>\$</b>	<b>\$</b>	<b>\$</b>

**(2) CASH ON HAND AND IN FINANCIAL INSTITUTIONS**

Name of Financial Institution	Description of Deposit	Amount	Maturity
<b>Total</b>		<b>\$</b>	<b>\$</b>

**Asset Verification Schedules continued**

**(3) BUSINESS INTEREST**

Name of Business	Description	Type Partnership Corp. Sole	Name of all owners	Original Cost	Relation to Applicant	% Equity	Valuation Method	Net Value

**(4) LISTED SECURITIES**

**SHARES**

No. of Shares	Description	Current Market Value
<b>Total</b>		<b>\$</b>

**BONDS/ DEBENTURES**

No. of Shares	Description	Face Value	Current Market Value
<b>Total</b>		<b>\$</b>	<b>\$</b>

**Asset Verification Schedules continued**

**(5) OTHER ASSETS** (e.g. stock options, cash value of life insurance, automobiles and other personal property etc).

Description	Current Fair Market Value
<b>Total</b>	<b>\$</b>

**(6) LOANS/NOTES/ACCOUNTS PAYABLE** (excluding mortgages)

Lender	Relation to Applicant	Nature of debt	Secured yes /no	Maturity Date	Original Face Value	Monthly repayments	Interest Rate	Present Balance
<b>Total</b>								<b>\$</b>



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## General

How did you hear about this BrightEyes opportunity? \_\_\_\_\_  
\_\_\_\_\_

Why do you want to buy a BrightEyes franchise and, in particular, what features of this franchise have attracted you?  
\_\_\_\_\_

How do you intend to fund the purchase of a BrightEyes franchise? \_\_\_\_\_  
\_\_\_\_\_

Why do you believe you are suited to operating a BrightEyes franchise? \_\_\_\_\_  
\_\_\_\_\_

Have you ever owned or worked in a business similar to the proposed BrightEyes franchise?

Yes  No If yes, please provide details of the business (name, address, telephone): \_\_\_\_\_  
\_\_\_\_\_

Do you know anyone who presently or previously has worked for, or is affiliated with BrightEyes?

Yes  No If yes, please specify: \_\_\_\_\_

Are you prepared to sacrifice holidays to which you may have become accustomed until you have established your business and level of training to the satisfaction of BrightEyes?

Yes  No

Why do you want to go into business? \_\_\_\_\_  
\_\_\_\_\_

Are you prepared to comply with the procedures and controls set by BrightEyes?

Yes  No

How many years do you intend to operate the business?

Five  Ten  Other

Do you appreciate that nobody can predict the future of the business, regardless of the track record of the franchisor?

Yes  No

Why do you think you will be successful? \_\_\_\_\_  
\_\_\_\_\_

What qualities do you have that you believe are valuable if you became part of BrightEyes franchise network?  
\_\_\_\_\_

Will you devote your full time to the business?  Yes  No

If yes, how many hours per day, days per week? \_\_\_\_\_

If no, please state how you propose to operate the business: \_\_\_\_\_

Do you have the personal capacity to handle business problems if they arise?

Yes  No

Do you have the support of your family in what you are doing?

Yes  No

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**General continued**

Are members of your family going to be involved in the business from the commencement or in cases where the need arises?

Yes  No If yes, who are they, and what is their proposed level of involvement, what are their business experience and/or academic qualifications?

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What are your main strengths? \_\_\_\_\_

What are your main weaknesses? \_\_\_\_\_

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What factors of the past have contributed most to your own development? \_\_\_\_\_

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What are your three most significant professional or business achievements?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

\_\_\_\_\_

Do you know what a franchise is? Explain: \_\_\_\_\_

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Explain the nature of the franchisor/franchisee relationship: \_\_\_\_\_

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Are you comfortable with the idea of working in co-operation with BrightEyes and do you accept that a number of disciplines exist in a franchise system, in particular working under the direction and guidance of the franchisor?

Yes  No

As well as obtaining legal, accounting and financial advice with respect to the franchise agreement, do you intend to read it yourself?

Yes  No

Are you aware certain information provided and/or advised to you is confidential and must not be divulged to any third person unless BrightEyes gives its prior approval?

Yes  No

Do you understand that you must make your own enquiries and get your own advice when considering this business opportunity?

Yes  No



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**DECLARATION**

I/We \_\_\_\_\_  
of \_\_\_\_\_

declare as follows:

1. I/We have answered the questions and provided the information in this form to the best of my/our knowledge and belief, and that as far as I am/we are aware the answers and information are true and correct in all respects and no relevant details have been omitted.
2. I/We acknowledge that if any information included in this application is false or misleading in any way, BrightEyes has the right to terminate any franchise agreement entered into on the basis of the information contained in this application.

I/We also acknowledge and agree that BrightEyes:

1. is collecting the information contained in this application to assess whether I/we should be considered as a potential franchisee;
2. is relying upon the information contained in this application as a material factor in considering this application;
3. is authorised to contact any appropriate third parties to verify the accuracy of the information in this Application and to retain any information obtained for its records;
4. may provide the information contained in this Application to its advisers, including its accountants, lawyers and consultants; and
5. may retain copies of this Application for its records, whether or not this Application is successful.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of Prospective Franchisees / Persons to be approved \_\_\_\_\_

Signature of Prospective Franchisees / Persons to be approved \_\_\_\_\_

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**PROVISION OF CREDIT INFORMATION TO A CREDIT REPORTING AGENCY**

The applicant in completing this application hereby authorises BrightEyes Franchising Pty Ltd to disclose information contained herein to a credit reporting agency and to obtain consumer or commercial information about the applicant as permitted by the Privacy Act from a credit reporting agency and to use such information to assess the applicant's application for credit and whether to accept the applicant, and further to verify account references provided in support of this application. These authorities shall remain in force until all monies owing by the applicant are repaid in full.

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

Given names: \_\_\_\_\_

Address: \_\_\_\_\_

Gender:  Male  Female

Date and place of birth: \_\_\_\_\_ Drivers license number: \_\_\_\_\_

Details of current or last known employer: \_\_\_\_\_

Occupation if self employed: \_\_\_\_\_

Applicant 1 Name \_\_\_\_\_

Applicant 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant 2 Name \_\_\_\_\_

Applicant 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

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## CONFIDENTIALITY LETTER/PRIVACY STATEMENT

**Dear prospective franchisee,**

We refer to your enquiry and note your interest in our franchise system and the manner in which we conduct it.

Contained within this information pack is a franchise application, which needs to be completed by you and returned to our office. This provides us with the necessary information in order to properly consider your application.

All communications and meetings with you will be held on a strictly confidential basis and the information supplied by us will be for the sole purpose of assisting you in your decision to enter into a Franchise Agreement with Bright Eyes Franchising Pty Ltd. The obligation of confidentiality also expressly covers related documentation, materials or information about our system, and includes methods of operation or methods of business and details we may provide or disclose to applicants. These obligations also apply equally to any other person who may accompany you to any meeting and/or participate in any discussions.

In order to assess your application, we may need to disclose your personal information to third parties, including, but not limited to, credit-reporting agencies, our professional advisors (including accountants and lawyers) and our related entities.

Please sign and return this letter together with the application form to signify your acceptance of these terms.

Applicant 1 Name \_\_\_\_\_

Applicant 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant 2 Name \_\_\_\_\_

Applicant 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant 3 Name \_\_\_\_\_

Applicant 3 Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant 4 Name \_\_\_\_\_

Applicant 4 Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Name \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_