



Franchise Application Form



WARNER.

Fences • Path & driveway gates • Auto-gate openers • Balustrades

Application

All information provided in this application will remain private and confidential

Personal Information

Title Mr/Mrs/Ms/Miss/Other

Date of birth

First names

Marital status

Last name

Ages of children if applicable

Home address

Postal address if different from home address

Contact details

Home ()

Work ()

Mobile ()

Email

Hobbies/interests

Have you been a Director of a company that has become insolvent? Yes/No (if yes please specify)

Have you ever been adjudicated bankrupt? Yes/No (if yes please specify)

Do you have the right of permanent residence in New Zealand or a valid work permit? Yes/No

Do you intend to engage in any other business activities in the event this application is successful? Yes/No (if yes please specify)

Do you have a medical condition which may affect your ability to effectively carry out the management functions and responsibilities of a Warner franchise? Yes/No (if yes please specify)

Have you ever been charged or convicted of a criminal offence? Yes/No (if yes please specify and include date(s)). Please note that the Criminal Records (Clean Slate) Act 2004 may enable you to conceal convictions in some circumstances. For more information, visit www.justice.govt.nz

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Spouse/Business Partner

If you intend operating the business with your spouse or a business partner, please complete the following

Title Mr/Mrs/Ms/Miss/Other

First names

Last name

Spouse/Business Partner Employment History if insufficient space attach extra paper

Company name

Location

Period

Position

Responsibilities/Achievements

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Net Worth

To confirm potential applicants are in a financial position to purchase a Warner franchise, please provide the following information

Assets

Cash on Hand and at Bank	
Accounts Receivable	
Government Securities	
Shares and Bonds	
Amounts owing on Leases	
Loans Receivable	
Leased Assets	
Motor Vehicles	
Real Property-Residence	
Real Property-Other	
Other Assets (please list)	
Total Assets \$	

Liabilities

Accounts Payable	
Tax Assessments Payable	
Interest payable	
Amounts owing on Leases	
Amounts Owing under Hire Purchase	
Loans Owing	
Mortgage-Residence	
Mortgage-Other Property	
Other Liabilities (please list)	
Total Liabilities \$	
assets - liabilities Net worth \$	

I/we hereby certify that the information given by me/us in this franchise application is true and correct and that Warner can rely upon it in consideration of it granting a Warner franchise to me/us.

Name(s) _____

Signature(s) _____

Date _____

Please return to Tim Austin
Managing Director
Warner Fencing and Gates Limited
PO Box 5350, Papanui, Christchurch