



CONFIDENTIAL

**Franchise
Application Form**

**Liquorland Limited
1 Bairds Road, Otahuhu, Auckland
P. O. Box 22 010 Otahuhu. New Zealand.**

Telephone: (09) 259-3100, Facsimile: (09) 259-3012

Email: johnc@liquorland.co.nz



What does Liquorland Limited need to know about you?

Liquorland is a household name and has the largest single market share of any retail liquor chain in New Zealand. This reputation has been built over many years based on our professionalism and desire for excellence in all aspects of the business.

In order to maintain this position and the high standards set, together with ensuring that the investment of our other Franchisee's and the value they add to the business is preserved, strict entrance criteria needs to be observed.

The information we are requesting in this application form is being collected for the purpose of determining whether we will enter into a Franchise arrangement with you.

As part of the application process, we will also be collecting information about you from other sources. We will:

- (a) Undertake a credit check on you through Baynet or as appropriate;
- (b) Contact those institutions that have provided credit to you in the last five (5) years, for a credit reference;
- (c) Contact your landlord (if you are renting your present address) to obtain details of your rent history with him or her;
- (d) Contact your personal referees for a reference;
- (e) Contact your current and previous employers for a work reference; and
- (f) Contact any third party for which you have guaranteed any obligation to confirm the extent of your commitment.

In order for us to gain a better understanding of your financial position, we are also requesting certain details about your partner/spouse. We will undertake a credit reference on him/her. *(Please ensure that your partner/spouse is aware of this before you complete his or her details in the form)*. It is not necessary for you to give your partner/spouse's details in section 1 if he or she will be a shareholder of the company that will enter into the Franchise Agreement with us, if your application is successful. **In that case, your partner/spouse must complete a separate application form (see section 3).**

If we enter into a Franchise Agreement with you, the information supplied to Liquorland Limited will be provided to DB Breweries Limited to be used for the following:

- (a) determining eligibility and terms for the provision of credit to you;
- (b) Possible supply to you with goods and /or services (including information and offers there to) of DB Breweries Limited.
- (c) providing you with marketing and promotional material;
- (d) Enforcing debts and other legal obligations owing to Liquorland Limited and/or DB Breweries Limited.
- (e) Disclosures to third parties associated with any of the foregoing purposes.



If you do not provide all information requested herein, we will not give consideration to your application.

Please feel free to contact John Cleghorn (National Operations Manager), Mark Clayton (Regional Operations Manager) or Warrick Kemeys (Administration/Operations Manager). Telephone (09) 259-3100 if you have any queries or questions.

Street Address:
Liquorland Limited
1 Bairds Road
Otahuhu
Auckland.

Postal Address:
Liquorland Limited
P. O. Box 22 010
Otahuhu

Telephone: (09) 259-3100
Facsimile: (09) 259-3012
Email: johnc@liquorland.co.nz
markc@liquorland.co.nz
warrickk@liquorland.co.nz



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Section 1. Personal Information

Surname:

Given Names:

Address:

.....

Telephone: Home..... Bus.....

Mobile..... E-mail

Fax:.....

Date of Birth:

Marital Status:.....

Spouse/Partner's name:

Date of Birth:

How long have you lived at your present address?

.....

What was your previous address? (If less than two years)

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.....

How long did you live there?

Do you own / rent?

If you rent please give name, address and phone number of your landlord:

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Education and Background

What qualifications (if any) have you obtained during both school and post school education? (E.g. School Certificate, University Entrance, Degree, Diploma)

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What institutes were the qualifications obtained at?

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What other extramural qualifications do you possess?
(List any courses undertaken, exams sat)

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What other training have you had? E.g.: three years retail sales, management. What experience do you have that may lend itself to assisting you with a retail franchise?

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Section 2. Work Experience

Present Occupation: Note: If not presently working, detail last employment and give reasons as to why you are not working.

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Position Held:

Employer's Name:
.....

Employer's Address:
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Describe briefly your job description: e.g. purposes of position, accountability, number of persons reporting to you (if any) etc.

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How long in that position?

How long with the present company?

Previous positions within the company:

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.....
.....



Previous Employment

(List from most recent and cover the last five years)

Dates	Employer	Nature of Business	Position Held
From: To:			
From: To:			
From: To:			
From: To:			

Please specify if you were a sole trader or self employed in relation to the above employment history.

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Have you ever worked in the Liquor industry or in a retail environment? If yes, please supply details.

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Are any of your family members presently employed in the Liquor industry or do you have a financial interest in the liquor industry in any way? If yes, provide all details.

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If the answer is "Yes" to either question, please give details

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.....



Section 3. Proposed Ownership Details

Name of Company:

.....

(Liquorland Limited requires the business to be held in the name of a registered company with all directors/shareholders acting as guarantors)

Details of Directors

Name	Address	Occupation	Date of Appointment

Details of Shareholders

Name	Address	Occupation	Shareholding

Will you be the principal employee of the business?

Will any other person be actively involved in the running of the business? Your spouse, partner, or a shareholder in the company?

.....

If the answer to the above question is "yes", please provide the following details:

Name	Address	Application Form Completed (Yes/No)*

*Any person named above whom is to be actively involved in the running of the business must complete a separate application form.



Do you; your spouse or your partner have any physical disabilities, limitations or health problems, which could in any way affect the running or operating of the business?

Describe:

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Have you, your spouse or your partner(s) ever been convicted of any offence? other than a minor traffic offence?

Provide details:

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.....

Please note: It is not necessary to complete these questions in respect of your spouse or partner, if your spouse or Partner is also completing an application form for a Liquorland Franchise.



Section 4. Personal References

Name	Contact Telephone	Company
1.		
2.		
3.		
4.		

Credit References

(List all credit facilities including banks used over the last five years)

Financial Institutions	Contact Name	Contact Telephone
1.		
2.		
3.		
4.		
5.		
6.		



Section 5. Statement of Position

Current Assets	Amount
Cash on hand: \$.....	
Cash in bank(s) and institutions: Bank / Institution Branch	\$.....
1.	\$
2.	\$.....
3.	\$
<i>Include all Investment Securities (shares, bonds, life insurance surrender value)</i>	
Institution(s) Maturity date	
1.	\$.....
2.	\$
3.	\$
Debtors and any other monies due to you: \$.....	
<i>Property Investment</i>	
Description and address	Market Value
1.	\$
2.	\$
3.	\$
Valuation of business assets: \$.....	
Plant and Equipment (including motor vehicles)	\$
Other tangible assets (describe):.....	\$.....
Total Assets	\$



Current Liabilities

Overdrafts

Lending Institution	Branch	Balance Owing
1.		\$
2.		\$
3.		\$

Mortgages

Lending Institution	Branch	
1.		\$
2.		\$
3.		\$

Personal Loans

Lending Institution	Branch	
1.		\$
2.		\$
3.		\$

Creditors

Name and Address

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$



Hire Purchase Arrangements

Financier

- 1. \$
- 2. \$
- 3. \$

Covenants / Guarantees (Include Loans or leases or other Arrangements guaranteed for third party)

Name and Address	Expiry date	Balance
Owing		
1.		\$
2.		\$
3.		\$

Other Debt

Description	
1.	\$
2.	\$
3.	\$

Total Liabilities \$



Fixed monthly commitments (out-goings)

Mortgage	\$
Personal loan repayments	\$
Creditor repayments	\$
Hire purchase repayments	\$
Other repayments	\$
Personal monthly out-goings: (Not described above) \$.....	
Rent	\$
Living Expenses (e.g. Food, entertainment, power, Insurances, clothing etc.)	\$
Total Outgoings	\$



Section 6. General Provisions

1. I understand that this application does not oblige Liquorland Limited or me to subsequently enter into a Franchise Agreement.
2. I understand that under the Privacy Act 1993, I am entitled to request access to and correction of any information held by Liquorland Limited about me.
3. I confirm that, to the extent I have disclosed information about other individuals on this form, I am authorised to do so. I also confirm that my partner/spouse has authorised Liquorland Limited to undertake a credit check on him/her.
4. I confirm that I will keep all verbal and written communications between Liquorland Limited and me confidential at all times.
5. I confirm that any other person(s) who will be financially involved in running the business have also completed a copy of this application form.
6. I confirm that the business is held in the name of a registered company and that all directors/shareholders in the company will act as guarantors of the company's obligations under the Franchise Agreement.
7. I declare that all information provided in this application is true and correct and hereby authorise Liquorland Limited to complete credit checks and enquiries as they see fit.

Signed

Dated

