



sasol



FRANCHISE APPLICATION FORM

2017

INTRODUCTION

Site Name:

Reference No:

Important Information

- Only electronic application forms will be accepted
- Incomplete applications will automatically be rejected
- The following documents must accompany your completed application:
 - o Full CV
 - o Identity documents and qualifications
 - o Verified bank statements
 - o Proof of unencumbered cash
 - o Company Registration

PERSONAL DETAILS

Surname:

First name(s):

ID number:

Date of birth:

Nationality:

Ethnic Group: African Coloured Indian White

Gender: Male Female

Residential address:

Postal address:

Home telephone no:

Cell phone no:

Alternative no:

Best time to call:

E-mail address:

PERSONAL DETAILS

Do you have any medical condition that may have an impact on your performance as a Franchisee? Yes No

Please provide details:

Do you have a criminal record? Yes No

Please provide details:

Do you have a valid driver's license? Yes No

Do you have your own vehicle? Yes No

Marital status:

Type of marital contract:

Spouse's full names:

Spouse's date of birth:

Spouse's Ethnic Group: African Coloured Indian White

Spouse's Gender: Male Female

Spouse's ID number:

Is spouse employed? Yes No

Please provide details:

Do you intend involving your spouse in the business? Yes No

In what capacity will your spouse be involved?

PERSONAL DETAILS

Do you intend to involve (a) partner(s), other than your spouse? Yes No

Please provide details in the table below

Shareholder details:

NAME AND SURNAME	ETHNIC GROUP	GENDER	% SHAREHOLDING

Please specify how the business will be managed

Do you intend to appoint somebody to manage the site on your behalf? Yes No

Please provide details:

QUALIFICATIONS AND SKILLS

Highest grade passed:

Do you have a tertiary qualification?

Yes

No

Please provide details in the table below:

NAME OF INSTITUTION	QUALIFICATION	YEAR OBTAINED

Are you currently studying?

Yes

No

Please provide details:

Are you computer literate?

Yes

No

In which languages are you proficient?

LANGUAGE	SPEAK	READ	WRITE
English			
Afrikaans			
Other ()			

EMPLOYMENT HISTORY

Current employment

Company Name:

Designation:

Period of Employment:

Previous employment

Company Name:

Designation:

Period of Employment:

Do you currently own your own business?

What type of business do you own?

Have you previously owned your own business?

Yes

No

What type of business did you own?

Should you be successful
will you be managing the business
as a full time operator?

Yes

No

Who will manage the business on your behalf?

EMPLOYMENT HISTORY

Have you previously owned a Franchise?

Yes

No

Please provide details:

Have you previously owned/managed
a service station?

Yes

No

Please provide details:

Do you have shareholding in
an existing service station?

Yes

No

Please provide details:

FINANCIAL DISCLOSURE

Total Annual income for the past year

How is it made up

Salary

Commission

Bonus

Fringe benefits

Interest and dividends

Other: (Please specify)

What is the minimum annual income you will need from the business to support your family during the first year of operation? **R**

Would the franchise you are applying for be your sole means of income?

Yes

No

If no, please provide details:

Will you be able to provide for your family's Short-term financial needs as long as you have no income?

Yes

No

Statement of Assets and Liabilities**Assets**

Cash	R
Debtors	R
Property, home	R
Property, other	R
Property, other personal	R
Cash Value of Insurance / Annuities	R

Other Assets

(please specify)

R**R****R****TOTAL ASSETS:****R****Liabilities**

Credit cards payable	R
Creditors	R
Mortgage bond payable	R
Overdraft	R

Other Liabilities

(please specify)

R**R****R****TOTAL LIABILITIES:****R****TOTAL NET WORTH** (i.e. total assets minus total liabilities) **R**How much unencumbered capital do you have available, of your own, for this Franchise? **R**Cash **R**Pension Fund (after tax) **R**Shares (after tax) **R**Other: specify (i.e. Sale of property) **R****TOTAL:****R**

If you are going to apply for a loan, please indicate loan amount **R**

Loan as a percentage of total

Is there any additional source where you may have access to substantially more cash? Yes No

Please provide details:

If the total amount necessary is not available through cash or a loan, how will the balance be obtained? Please explain in detail:

Have you, or has a business of which you are or were part, ever been sequestered / liquidated? Yes No

Please provide details:

Have you been rehabilitated? Yes No

CURRENT BANKING DETAILS

Name of Bank:

Account No:

Type of Account:

Branch Code:

Branch Name:

Do you have a bond account?

Yes

No

With which bank do you have a bond account?

Account number:

Have you, or any business of which you are or have been a part, ever been involved in bankruptcy, insolvency, proceedings or compromise with creditors?

Yes

No

Please provide details:

Have you ever had a judgement in respect of a bad debt record against you?

Yes

No

Please provide details:

Are you currently involved in any legal action?

Yes

No

Please provide details:

DECLARATIONS BY APPLICANT

- I confirm that all the information contained herein is true, complete and accurate to the best of my knowledge and ability
- I understand that the sole purpose of this application is for recruitment
- I undertake to comply with Sasol's policies relating to privacy and the lawful use of personal information as required in terms of data privacy legislation
- I grant Sasol permission to conduct my referees, previous employees and agencies to verify my criminal and credit records
- I hereby confirm that I am duly authorized to complete this application
- I understand and accept that should any information herewith declared be false, untrue and wrongly offered, the company shall have the right to cancel or terminate terms and conditions, if any, made to me

Yes

No

Name & Surname

Date

