

Retail Dealer Selection Process-Application Form

TSA Dealership

(Please insert all the details required on the application form-incomplete/missing information would lead to immediate discarding of the application)

PERSONAL DETAILS

Applicant

Surname:

First Name:

Address

Physical Address (Residential):

Postal Address:

Code:

Contact Details

Telephone Number (home):

Telephone Number (work:

Cellular Number:

Fax Number:

Email address:

Identity Number : (attach certified copy to application form)

Date of Birth:

Nationality:

Are you prepared to accept long and irregular working hours?

Do you have the support of your immediate family?

EDUCATION AND QUALIFICATIONS

Secondary School

Name:

Date attended:

University/College

Name:

Date attended:

Qualifications/Degree achieved:

Other Academic Qualifications

Name of Institution:

Course Name:

Achievement :

Professional Qualification:

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| EMPLOYMENT/WORK HISTORY |
|-------------------------|

Current Employer

(If self-employed, please describe the nature of business in detail):

Name:

Address:

Position/Title:

Date Commenced:

Main responsibilities:

Current Salary (per annum):

Annual bonus:

Pension benefit:

Annual days leave:

EMPLOYMENT/WORK HISTORY (continued)

Other company benefits:

PREVIOUS EMPLOYMENT (Most recent first-cover only last 15 years)

Employer's Name:

Address:

Position/Title:

Date Commenced:

Date resigned:

Main Responsibilities:

Have you ever owned or worked in a business similar to the proposed franchises apart from any information given above? Yes/No

If yes, please give details. Furnish details any other relevant experience.

Have you had experience in the following areas? (Indicate your response by ticking the correct box)

| | | |
|-----------------------------------|-----|----|
| Handling Cash | Yes | No |
| Staff management and Recruitment | Yes | No |
| Analysing Cash flows | Yes | No |
| Stock Control | Yes | No |
| Retail/Selling to the public | Yes | No |
| Working with Financial Statements | Yes | No |
| Working weekends | Yes | No |

FINANCIAL INFORMATION

What are your prime business objectives for applying for this Service Station?

How much of your own capital do you intend to invest in the business?

How much capital will be borrowed?

From which source?

What annual income are you expecting to earn?

How many hours per day are you willing to spend at the service station?

Will you be involved in other business ventures?

If so, elaborate?

Should your application for a TSA Dealership is unsuccessful, what is your future plans?

Have you or you spouse been involved in bankruptcy and insolvency proceedings? If yes, give full details:

Have you or spouse ever had a judgement in respect of bad debt recorded against you? If yes, please provide full details:

BANKING DETAILS

Banking Details-Business:

Name of Banking Institution:

Address:

Type of account:

Branch code:

Account Number:

Banking Details Personal:

Name of Banking Institution:

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| Address: |
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| Type of account: |
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| Branch code: |
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| Account number: |
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| FINANCIAL INFORMATION |
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| Present Income | Annually | Present Expenditure | Annually |
|------------------------|----------|-------------------------------|----------|
| Wage/Salary after tax | R | Monthly Bonds/Rent repayments | R |
| Bonus/Commission | R | Monthly Loan Repayments | R |
| Dividends | R | Other (Details) | R |
| Property Income | R | | |
| Other Income (Details) | R | | |
| | | | |
| | | | |
| | | | |
| TOTAL | R | TOTAL | R |
| | | | |
| | | | |

FINANCIAL INFORMATION

| Assets | | Liabilities | |
|----------------------------|---|-------------------------------------|---|
| Cash in Bank | R | Overdraft | R |
| Shares/Investments | R | Total Creditors | R |
| Properties | R | Bond repayments | R |
| Motor Vehicles | R | Hire purchases, lease Repayments | R |
| Business value (If any) | | | |
| Other assets | R | Other Liabilities | R |
| | | | |
| | | | |

REFERENCES

Please provide details of a business/work reference

Name: Job Title:

Company Name:

Address:

Contact Numbers:

GENERAL INFORMATION

Health

Are there any health issues/problems that may impact on your performance as a TSA Franchisee/Dealer?

If yes, please give details:

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Drivers Licence

Do you hold a valid South African drivers licence? (Yes/No)

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Code of licence (Please attach a certified copy to the application form)

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Criminal Record

Have you or your spouse ever been convicted of anything other than minor traffic infringements (i.e. parking tickets or speeding offences)? If yes, please give full details:

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Residence

Do you own or rent your current property?

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Please give full details of agent or landlord (if you rent)

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Name:

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Address:

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Contact numbers:

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| Which service station opportunity are you applying for? (If applicable) | |
| | |
| New: | Yes/No |
| Name of service station: | |
| | |
| Existing: | Yes/No |
| Name of existing service station: | |
| | |
| Pre-approved Applicant Pool: Yes/No | |
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Signature

I understand that the purpose of this application is for information purposes only. It is not a guarantee that I will be appointed at a service station. It is in no way binding upon TSA or me the (potential Applicant). I understand and grant TSA permission to contact my previous employers, references to verify my credit and criminal records. I certify that all the information given above is correct.

Full Names and Surnames of Applicants:

Signature/s of Applicants:

Date: