

CTM FRANCHISE APPLICATION FORM

The purpose of this CTM Franchise Application Form is to provide information for a preliminary evaluation of the applicant(s) by the CTM Group.

This form is to be completed by each member / partner or shareholder where the Franchisee is not a sole proprietor.

PERSONAL INFORMATION

Full Name of Applicant: _____

Date of Birth: _____ Identity Number: _____

Marital Status: _____ Name of Spouse: _____

Number of Dependants: _____

CONTACT DETAILS

Residential Address: _____

_____ Postal Code: _____

Home Telephone Number: _____ Work Telephone Number: _____

Facsimile Number: _____ Cell Number: _____

E-mail Address: _____ Are you a South African citizen? Yes No

If not, what is your residential status? _____

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PREVIOUS WORK EXPERIENCE

Current Employer: _____

Physical Address: _____

Postal Address: _____

Postal Code: _____

Telephone Number: _____ Fax Number: _____

Position Held: _____

Date Started: _____

Have you ever owned your own business or franchise? If so, please provide details (Provide details on a separate page if necessary):

Please provide details of any experience you may have in the ceramic tile or allied industry: _____

Reason for applying for a CTM Franchise: _____

(Please enclose a copy of your CV and a statement of assets and liabilities)

TERRITORIAL AREA OF INTEREST

First Choice: _____

Second Choice: _____

Third Choice: _____

FINANCING

How do you plan to finance the total investment required for the Franchise? _____

Unencumbered Cash: _____

Loans: _____

Total: _____

More than you expect.



For less than you think.

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REFERENCES

Name: _____ Relationship: _____ Years Known: _____

Address: _____

_____ Telephone Number: _____

Name: _____ Relationship: _____ Years Known: _____

Address: _____

_____ Telephone Number: _____

Name: _____ Relationship: _____ Years Known: _____

Address: _____

_____ Telephone Number: _____

PARTNERS

Investor-Partners who will join you in this venture **(Please have each individual fill out a separate application form)**

Full Name: _____ Nationality: _____

I.D. Number: _____ Marital Status: _____

Name of Spouse: _____ Number of Dependants: _____

Address: _____

_____ Postal Code: _____

Cell Number: _____ Home Telephone Number: _____

Percentage Ownership: _____ Duration of partnership: _____

Monthly gross income required from the business: _____

Please provide details of any experience you may have in the ceramic tile or allied industry: _____



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SUPPLEMENTARY INFORMATION

1. Percentage shareholding (if any) of partners and operators? _____

Name: _____ Percentage: _____

Name: _____ Percentage: _____

2. When will you be able to start this venture? _____

3. Will you be operating the franchise as a:

Company _____ Partnership _____ CC _____

Please include full business name and address of company, partnership or closed corporation and include company registration or CK number as well as the VAT registration number: _____

I, the undersigned hereby declare that the above information, as well as that submitted on the statement of assets and liabilities, is to the best of my knowledge correct. I also agree that CTM corporation may carry out a credit reference enquiry at their own expense.

Signature: _____

Date: _____

Full Name: _____

Witness: _____

