



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 Dependents: _____

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? _____

PREVIOUS WORK EXPERIENCE

Current Employer: _____

Physical Address: _____

Postal Address: _____ Postal Code: _____

Tel. Number: _____ Fax Number: _____

Position Held: _____

Date Started: _____

Have you ever owned your own business or franchise? If so, please provide details: _____

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 : _____

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 Dependents: _____

Address: _____

_____ Postal Code: _____

Cell Number: _____ Home Tel. Number: _____

% Ownership: _____ % Time: _____

Monthly gross income required from the business: _____

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

(Provide details on a separate page if necessary)

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: _____