

STRICTLY PRIVATE & CONFIDENTIAL WHEN COMPLETED

ROBERT HARRIS

NEW ZEALAND

— EST 1952 —

Robert Harris Café
(A division of UCC Coffee New Zealand limited)

Franchise

Application

Form

UCC Coffee New Zealand Limited
23 Allens Road, East Tamaki, Auckland 2013
Private Bag 93230, Parnell, Auckland 1151
NEW ZEALAND
Telephone: +64 9 941 4600
Website: www.robertharriscafe.co.nz

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Information and Instructions

Sections

- **Confidentiality Undertaking:** During the recruitment process you will come across confidential and sensitive information. Please read and obtain legal advice if required before executing this document.
- **Authorisation for the Collection and use of Personal Information:** This document authorises UCC Coffee New Zealand Limited to collect information regarding your application. Please read and obtain legal advice if required before executing this document.
- **Personal Details:** The section when completed will tell us a little about you and your business experience, you may wish to add additional pages if required or attach your C.V. Please advise us immediately if there are any changes to this information.
- **Professional Advisor's Details:** We may need to speak to some of your advisors at some stage. This section will help us make contact with them if required.
- **Details of Trusts:** If you have a family trust where your assets are being held and or intend the trust to be the owner of any shareholding of the company of the Robert Harris Café Franchise, then please complete this section.
- **References:** This section requires three credit referees and two personal / business referees.
- **Additional Remarks / Further Information:** If you have information that may assist us in evaluating your application then please detail it in this section. Important information is contained in the Further Information section.
- **Statement of Personal Financial Position:** As part of the recruitment process we also need to know your personal financial position and what assets you have to support the purchase and funding of a Robert Harris Café franchise. Please complete all sections with as much detail as possible.
- **Additional Information Required:** This is a checklist of all the documentation that must accompany your completed application form, ensure you tick what has been included and if not applicable indicate "n/a" in the boxed area instead.
- **Funding / Application Execution:** If you do not appear to have sufficient capital to fund the purchase of a franchise, please detail how you intend to raise the capital required. By completing the execution section you are verifying that all the information contained in this booklet and application is true and correct. Please execute by signing and dating this section.

Authorisation for the Collection and use of Personal Information

I, _____
(Full name of Applicant)

of _____
(Street No. and Name)

(Town / City)

authorise UCC Coffee New Zealand Limited ("UCC Coffee") to obtain at any time from any person or entity, including but not limited to those persons nominated below, any information it may require to ascertain my creditworthiness and/or character. I understand that this information may include, but shall not be limited to, credit reports, financial statements, and character references. I authorise any person or entity holding such information concerning me to release such information to UCC Coffee.

I acknowledge that:

1. Personal information collected or held by UCC Coffee is provided and may be held, used and disclosed to enable UCC Coffee to assess my suitability for the position of franchisee with the Robert Harris Café Franchise System.
2. Personal information collected will be held by UCC Coffee at:

23 Allens Road, East Tamaki
Auckland 2013
NEW ZEALAND
Telephone: +64 9 941 4600
3. I have the right under the Privacy Act 1993 to obtain access to and to request correction of any personal information about me that is held by UCC Coffee.

Signed by:

× _____ 

Dated

the _____ day of _____ 20____

Personal Details

Your Full Name:

Home Address:

_____ *(first)*

_____ *(second)*

_____ *(surname)*

Street No. and Name

Suburb

Town / City

How long have you lived at your present address: _____ Years _____ Months

Telephone Numbers:

Home No. ()

Mobile No. ()

Business No. ()

Email Address:

Previous Address:

Street No. and Name

Suburb

Town / City

How long at previous address: _____ Years _____ Months

Personal Information

Date of Birth:

General Health:

Spouse / Partner's Name:

Their Date of Birth:

Their General Health:

Age(s) of Children:

Will spouse / partner be active in the business:

Are there any factors that may limit your ability to meet obligations as a franchisee? If so, please give details (e.g. health considerations, other commitments etc)

Have you ever been convicted of anything other than a minor traffic infringement? If so, please describe.

Previous Employment History: (show exact names and addresses for the last 5 years or 5 positions:

From: _____ to: _____
Company Name & Address: _____
Type of Business / Position: _____

From: _____ to: _____
Company Name & Address: _____
Type of Business / Position: _____

From: _____ to: _____
Company Name & Address: _____
Type of Business / Position: _____

From: _____ to: _____
Company Name & Address: _____
Type of Business / Position: _____

From: _____ to: _____
Company Name & Address: _____
Type of Business / Position: _____

Business Experience

Have you ever been self-employed? If YES, please describe.

General Information

Will you devote your full time to this business?

If not, please state how you propose to operate the business:

Partner's Full Name:

Home Address:

(first)

(second)

(surname)

Street No. and Name

Suburb

Town / City

Telephone Numbers:

Home No. ()

Mobile No. ()

Business No. ()

Your % of the business:

Partner's % of the business:

Will he /she devote his / her full time to the business?

Why are you seeking a Robert Harris Café Franchise of your own?

Have you contacted any past or existing Robert Harris Café franchisees seeking information

Please tick

YES

NO

If YES, Who

Do you like coffee? Please tick

YES

NO

Why do you like or dislike coffee?

Are you related by blood or marriage to any director or employee of Robert Harris Franchising or UCC Coffee New Zealand Limited? If so, please give name and position.

Professional Advisor's Details

Solicitor Details:

Contact Name:

Company Name:

Address:

Telephone No. ()

Facsimile No. ()

Email Address:

Accountant's Details:

Contact Name:

Company Name:

Address:

Telephone No. ()

Facsimile No. ()

Email Address:

Business Advisor's Details:

Contact Name:

Company Name:

Address:

Telephone No. ()

Facsimile No. ()

Email Address:

Bank's Details:

Contact Name:

Bank and Branch Name:

Address:

Telephone No. ()

Facsimile No. ()

Email Address:

Details of Trusts

Is the Applicant a Trustee of a Trust? Please tick **YES** **NO**

If yes, please provide the following details:

Name of the Trust: _____

Date of creation of the Trust: _____

Is the Trust a unit Trust? Please tick **NO** **YES**

If NO, please provide the names of the specified beneficiaries and additional named beneficiaries:

If YES, provide the names of the unit holders:

Are the unit holders a Trustee or Trustees of a Family Discretionary Trust? Please tick

YES **NO**

If YES, provide the names of specified Beneficiaries and any additional named beneficiaries:

References

Please provide three (3) credit referees (if applicable)

Company Name:	<hr/>		
Contact Person:	<hr/>		
Address:	<hr/> <hr/>		
Telephone No. ()		Mobile No. ()	
Email Address:	<hr/>		
Company Name:	<hr/>		
Contact Person:	<hr/>		
Address:	<hr/> <hr/>		
Telephone No. ()		Mobile No. ()	
Email Address:	<hr/>		
Company Name:	<hr/>		
Contact Person:	<hr/>		
Address:	<hr/> <hr/>		
Telephone No. ()		Mobile No. ()	
Email Address:	<hr/>		

Please provide two (2) personal / business referees.

Company Name:	<hr/>		
Contact Person:	<hr/>		
Address:	<hr/> <hr/>		
Telephone No. ()		Mobile No. ()	
Email Address:	<hr/>		
Company Name:	<hr/>		
Contact Person:	<hr/>		
Address:	<hr/> <hr/>		
Telephone No. ()		Mobile No. ()	
Email Address:	<hr/>		

TOTAL OUTGOINGS	_____	_____
	_____	_____
	_____	_____
	_____	_____
Uncommitted Income	_____	_____

Please tick Average Monthly Fortnightly

Outgoings		UCCNZL
House repayments / Rent / Board
.....
.....
.....
Other Loans to
.....
.....
.....
Credit Cards
.....
.....
H/P Payments to
.....
.....
Expiry date of contract / /
Taxation (if not deducted from income)
.....
Life Assurance Premiums
.....
Motor Vehicle(s):
- Fuel Costs
.....
- Insurance, Registration & Maintenance
Rates & House Insurance
Section Lease / Ground Rent
.....
Electricity / Gas / Heating
etc.....
Education Expenses / School Fees and Fares
Living Expenses:
- Food
.....
- Clothing
.....

- Personal / Cash / Entertainment etc.....	.....	.....
- Medical / Doctors / Dentist	.....	.....
.....
- Holidays	.....	.....
.....
- Gifts (Weddings, Birthdays, Christmas etc).....	.....	.....
Insurance (Contents, Clothing, Personal Effects, Medical)	.....	.....
Telephone, Tolls	.....	.....
.....
Club Subscriptions	.....	.....
.....
Savings:		
- Bank	.....	.....
.....
- Building Society	.....	.....
.....
- Other	.....	.....
.....
(e.g. Maintenance to Dependents, Regular Charitable Donations)	.....	.....
Total Outgoings		

Additional Information Required

Please attach the following documentation to this Application:

If Attached

- A copy of the market valuation of all properties listed in the financial section.
- A copy of the Certificate of Incorporation of all registered companies.
- If you were not born in New Zealand a copy of your New Zealand Citizen Certificate or other documentation that you can own and operate a New Zealand business.
- A copy of your New Zealand or other countries Passport.
- A copy of your New Zealand Drivers License.

If the Applicant is a Trustee of a Family Discretionary Trust:

Application Execution

I/We declare that to the best of my/our knowledge the answers in the application are correct and true and I/we understand that if any false or deliberately misleading information is given, or any material facts suppressed, I/we will not be approved as a Franchisee of Robert Harris Café Franchise, or my/our franchise may be terminated.

SIGNED: x _____  x _____ 

NAME:
(please print) _____ _____

DATE: _____

UCC Coffee Use Only

Date Received: _____
Interview Date #1: _____
Interview Date #2: _____
Reference Checks _____
Completed Date: _____