



MEMBERSHIP APPLICATION FORM

FRANCHISORS

Checklist :

In order for your application to proceed, the following documents MUST be provided:

Copy of Franchise Agreement

Signed Statutory declaration (page 6)

Completed confidential annexure to membership application

Confidential items

The items above should be put in a separate sealed envelope marked "***Confidential: Scrutineer Only***" if you require confidentiality.

Copy of Disclosure Document

Letter certifying existence of operations manual or

Copy of manual indices

Application fee

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1. Applicant Details

Full Name/s:	
Trading Name (if different): <i>(please note that both names will appear on the Certificate of Membership)</i>	
Full Names(including all former names) of Directors or Partners:	
Incorporation Date:	
Incorporation Number:	
GST Number:	
Street Address:	
Postal Address:	
Phone:	
Fax:	
Email:	
Website:	
Contact Name:	
Mobile:	

List subsidiary, affiliated or associated companies (if any) and indicate relationship to applicant:	
List franchise companies in which directors or their families have an interest or have previously had an interest (if any):	

2. System Details

Did your franchise system originate in New Zealand?	Yes	No
If overseas, please state where:		
Are you trading under a master franchise or master license agreements:	Yes	No
If yes, please give details of franchisor:		
Company Name:		
Address:		
Contact Person:		
Phone:		

<p>State completely and concisely the exact nature of your business. This should include a description of the product or service and its distribution from you to the ultimate consumer. <i>(This information, max.30 words will also be used for your listing on the Association's website).</i></p>	
<p>In which year did this business begin operating?</p>	
<p>List any franchise or other trade associations of which the applicant or any overseas principal is a member (please identify which country).</p>	
<p>In which year did this business begin granting franchises?</p>	

3. Industry Category

Please tick beside the industry category which best describes the industry in which you operate:

- | | |
|----------------------------------|--------------------------------|
| Accommodation | Legal |
| Accounting and Finance | Manufacturing and Printing |
| Banking | Personal and Other Services |
| Communication Services | Property and Business Services |
| Construction | Retail Food |
| Cultural and Recreation Services | Retail Non-Food |
| Education | Wholesaling |
| Insurance | |
| Other (please describe) | |

4. Statutory Declaration

Please complete the following:

“I/We _____ (full names) do hereby solemnly and sincerely declare under and by virtue of the Oaths and Declarations Act 1957 that I/We have been provided current, accurate and complete information in all respects in relation to this application for membership of the Franchise Association of New Zealand Inc (the Association). I/We confirm that I/We have been provided with and have read the Rules of the Association, the Franchising Code of Practice and the Code of Ethics. I/We confirm that I/We have understood all of those and I/We will comply with them while I/We remain a member of the Association. Further, on behalf of the Applicant I/We authorise any credit and/or reference checking and inquiry verifying the details of this application the Board of the Association may require. I/We confirm that I/We understand that membership may be suspended or terminated by the Association if I/We fail to comply with the Rules, the Code of Practice and the Code of Ethics or I/We are found to have made any false statements or misrepresentations in relation to this Application. I/We also confirm that I/We consent to all of the above enquiries being made to any third parties and in this regard I/We waive any rights that either the Applicant or I/We may have in terms of the Privacy Act 1993.

Signed

Applicant/s or Director/s

Company:

Limited

Title:

Dated:

5. Application Fee

There is a one-off non-refundable application fee to cover the cost of an independent Scrutineer checking your documents. The cost is \$200 + GST.

Please debit my credit card:

Visa	MasterCard	Amex	Diners
Amount:		\$230.00	
Card Number:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date:			
Name on Card:			
Signature:			

6. Lodging Your Application

Please submit the completed Application Form and attachments to:

Franchise Association of New Zealand Inc
PO Box 217145
Botany Junction
Auckland 2164

Ph: 09-274 2901
Fax 09-274 2903

Email: contact@franchise.org.nz

CONFIDENTIAL ANNEXURE TO MEMBERSHIP APPLICATION

If any of this information is contained in the Disclosure Document then it does not need to be repeated here, but please show the cross reference.

1. Business Information

Show the full names (including former names) and business experience of all Directors/Partners/Sole Trader applicant:

Name:	Experience:

2. Franchise Information

(if any item is not applicable please indicate)

Names & Postal and Email Addresses of all existing franchisees in NZ <i>(Attach separate sheet if necessary)</i>	
Number of Franchisees	
Number of Master Franchisees	
Number of Company-Owned Outlets	
Number of Joint Venture Franchisees	
Average Turnover per Outlet	

Average Number of Employees per Outlet	
Do you have a Franchise Advisory Council or equivalent?	Yes No
State initial franchise fee charged <i>(If the fee is variable, show formula or means by which the fee is determined)</i>	
State what ongoing fees, payments and advertising levies are payable by the franchisee	