



FRANCHISE PARTNER APPLICATION FORM

APPLICANT NAME: _____

DATE: _____

Thank you for considering Pie City, a successful, home-grown business established in 1994.

We value our franchise partners and the integrity that they bring to the business. As such, we require a glimpse into your aptitude and vision, and therefore request that you complete this Franchise Partner Application Form. The information requested is essential to our vetting process, so please complete the form thoroughly. All information requested is mandatory, and will be treated with strict confidentiality.

The success of this application is subject to approval by the Pie City board as well as the board of the Shareholders, and once they have reviewed the applications, you will be notified of their decision.

*** Please note: Completion of this form does not place any obligation on the applicant or Pie City holdings, it merely serves as an information gathering tool at this point.**



PERSONAL DETAILS:

Surname: _____

Name: _____

Age: _____ ID Number: _____ Nationality: _____

Married Single Divorced

Married: In community Out of community

(if you are married IN Community of Property, then your spouse must also complete an application form)

CONTACT DETAILS:

Cell number: _____ Landline: _____

Postal address: _____

Physical address _____

Email: _____



GEOGRAPHICAL AREA:

Location is critical to business success. Please indicate where you propose opening a Pie City franchise, should your application be successful:

_____ PROVINCE _____

_____ TOWN _____

If you have a specific site or shopping centre in mind, please indicate below:

CENTRE NAME/ CBD (if applicable)

Please note that this indication merely confirms a preference and does not create an obligation to ensure that the site is available. Applicants have no right to or claim on a specific site. Every site is subject to approval by Pie City Holdings, as well as the landlord of that specific site. The landlord will act at their own discretion.

In the event that the specific site is already in the Pie City site selection process for another franchisee, Pie City Holdings will advise the applicant accordingly. Alternative, suitable sites will then be considered.

If you do not currently reside in South Africa, and would like to open a Pie City Franchise elsewhere in Africa, please confirm your country of residence below:

COUNTRY

- | | | | |
|------------|--------------------------|-----------|--------------------------|
| Botswana | <input type="checkbox"/> | Swaziland | <input type="checkbox"/> |
| Lesotho | <input type="checkbox"/> | Zambia | <input type="checkbox"/> |
| Mozambique | <input type="checkbox"/> | Zimbabwe | <input type="checkbox"/> |
| Namibia | <input type="checkbox"/> | | |

A franchise business requires hands-on attention and effective on-site management. As such, it is preferred that applicants establish a store in close proximity to their residence.



EMPLOYMENT HISTORY:

Current employer: _____

Employment date: _____

Position in company: _____

Responsibilities: _____

Previous employer: _____

Employment date From _____ To _____

Position in company: _____

Responsibilities: _____

Reason for leaving: _____

EXPERIENCE:

Please describe your current FMCG, Food & Beverage and Retail experience. Include details of past business start-ups, and/or experience in the management of a retail/FMCG business:



EDUCATIONAL QUALIFICATIONS:

SECONDARY EDUCATION

Name of school: _____

Highest grade past: _____

HIGHER EDUCATION AND QUALIFICATIONS (Education since leaving school including professional qualifications)

Name of institution: _____

Qualification: _____ Year achieved: _____

Course description: _____

ANY OTHER

FINANCIAL INFORMATION:

PERSONAL FINANCIAL STATEMENT (for the last full financial year)

INCOME

SALARY/DRAW: _____ BONUS/COMMISSION: _____

DIVIDENDS/INTEREST: _____

INCOME FROM PROPERTY: _____

PROFIT TO YOUR BUSINESS: _____

OTHER INCOME (Specify): _____

SPOUSE INCOME: _____

TOTAL INCOME: _____



EXPENITURE

TAXATION: _____ PENSION: _____ UIF: _____

RENT / MORTGAGE: _____

MEDICAL AID: _____

WATER AND ELECTRICITY: _____ RATES AND TAXES: _____

CAR PAYMENT/S: _____

CREDIT CARD ACCOUNT/S: _____

INSURANCE PREMIUMS: _____

LIFE ASSURANCE PREMIUMS: _____

TRANSPORT: _____

LOAN REPAYMENTS: _____

MAINTENANCE / ALIMONY: _____

CHILDREN'S MAINTENANCE: _____

EDUCATION: _____

ENTERTAINMENT: _____

GROCERIES: _____

TELEPHONE /CELL PHONE: _____

DOMESTIC ASSISTANCE: _____

DSTV/TV LICENSE: _____

OTHER EXPENSES (specify): _____

TOTAL EXPENDITURE: _____

HOW MUCH OF YOUR MONTHLY INCOME IS DISPOSABLE?

(Income remaining after deductions and expenses, available to spend or save)

WHAT IS YOUR PROPOSED CAPITAL INVESTMENT INTO THE PIE CITY FRANCHISE?

(Please note that the total start-up cost is R600 000. A minimum of R300 000 (50%) start-up cash is required.

The balance of R300 000 may be financed.)

*Please attach proof of these funds, such as a bank statement or bank guaranteed cheque.



PLEASE INDICATE THE SOURCE OF THE CASH PORTION OF THE CAPITAL INVESTMENT; I.E. PENSION FUND PAYOUTS, SHARES, SAVINGS, DISPOSAL OF FIXED ASSETS, ETC.:

HAVE YOU, YOUR SPOUSE OR ANY COMPANY THAT YOU OWNED OR WERE EMPLOYED AT EVER BEEN DECLARED INSOLVENT, FILED FOR BANKRUPTCY, OR BEEN LIQUIDATED? PLEASE PROVIDE DETAILS:

IF YES TO THE ABOVE, PLEASE STATE THE DATE WHEN REHABILITATED.

IS THERE ANY OUTSTANDING LITIGATION AGAINST YOU OR YOUR PARTNERS? IF YES, PLEASE PROVIDE DETAILS:

HAVE YOU EVER PLAYED AN OWNERSHIP OR MANAGEMENT ROLE IN A BUSINESS? IF SO, PLEASE ELABORATE:

HAS ANY BUSINESS THAT YOU OWNED, MANAGED OR WERE EMPLOYED BY EVER FAILED? IF SO, PLEASE ELABORATE:



HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? PLEASE PROVIDE DETAILS:

WHY DO YOU BELIEVE YOU WILL MAKE A SUCCESS OF A PIE CITY FRANCHISE? WHAT IS YOUR ACTION PLAN?

PLEASE DESCRIBE THE ELEMENTS/FEATURES THAT YOU WOULD DEEM CRITICAL IN ORDER TO RUN A SUCCESSFUL PIE CITY FRANCHISE/GROUP OF STORES:

DESCRIBE YOUR INVOLVEMENT IN YOUR COMMUNITY:

WHAT ARE YOUR PERSONAL INTERESTS AND HOBBIES?



SUPPORTING DOCUMENTS:

WITH THE APPLICATION, PLEASE INCLUDE THE FOLLOWING SUPPORTING DOCUMENTATION:

- 1** Three months' banking statements;
- 2** Certified copies of identity documents of all members involved in this application;
- 3** If you are married, a certified copy of your marriage certificate indicating whether you are married IN or OUT of community; and
- 4** Any other documentation or information which you might consider being beneficial to your application being approved.

PLEASE RETURN THE FULLY COMPLETED FORM, TOGETHER WITH ALL THE SUPPORTING DOCUMENTATION TO: ben@piecity.co.za



Pie City Holdings appreciates the time and effort that goes into the completion of the Franchisee Application Form. The Group welcomes all applications, from all sectors of the community, regardless of gender, marital status, sexual orientation, ethnic origin, race, nationality, disability, religion or belief.

Each application will be judged on its own merits, free from discrimination or prejudice.

You will be notified of the outcome of your application once the board has made a decision. If you are successful in your application, a meeting will be set up to discuss the details of the proposed Franchise Agreement.

ALL THE INFORMATION SUPPLIED WILL BE REGARDED AS PRIVATE AND CONFIDENTIAL. BY SIGNING THIS FORM BELOW, YOU ACKNOWLEDGE THAT:

- 1** The information provided in this application is true to the best of your knowledge and belief;
- 2** You will inform Pie City Holdings immediately in writing should any of the above/supplied information change;
- 3** You understand that any omission or misrepresentation of information in this form may result in your removal from the Pie City franchisee list;
- 4** That Pie City Holdings may use this information to assess your application and carry out such checks as are required to verify your information and your suitability as an extended Pie City franchisee. (This may include but is not limited to credit checks, criminal checks, etc.); and
- 5** Pie City will not be obligated by this application in any manner.

SIGNATURE OF MAIN APPLICANT

SIGNATURE OF WITNESS

DATE:

DATE:

MANY THANKS

The Franchise Partner Team