



MRS. FIELDS FRANCHISE APPLICATION FORM

Strictly Private and Confidential

1. Applicant Details (for individuals or Directors details, if applicant is a Company or Trust)

Family Name First Name
 Date of Birth / / Marital Status No. of Children Ages
 Spouses Surname First Name
 Date of Birth / / Will your spouse be working in the business with you? Yes No

Please be advised, if your spouse has a share of the ownership of the business, they will need to complete a separate application form.

Mrs. Fields reserves the right to request all parties significantly involved in the business to complete a separate application form.

Home Address
 City / Suburb State Postcode
 Telephone Home Mobile
 Email Address
 Driver Licence No. Expiry / Place of Issue
 Australian Citizen Yes No Permanent Residency Visa Details
 Is English your first language? Yes No Language Spoken
 If you have answered "No" to the above questions, what training will you undertake to ensure you have acquired business level proficiency in English?

Please advise if you will be operating your business as; Sole Trader Company Trust
 If operating under a **Company**, please advise;

Company Name
 A.C.N. A.B.N.
 Registered Address
 Suburb / City State Postcode

Director 1 Details Percentage of Company owned %
 Family Name Given Name
 Street Address
 City / Suburb State Postcode
 Hospitality or Retail Experience
 Qualification/Degrees/Diploma

Director 2 Details Percentage of Company owned %
 Family Name Given Name
 Street Address
 City / Suburb State Postcode
 Hospitality or Retail Experience
 Qualification/Degrees/Diploma

Director 3 Details Percentage of Company owned %
 Family Name Given Name
 Street Address
 City / Suburb State Postcode

2. Career Experience - please complete for each Director or Partner

Current Occupation

Employment Details - last 3 positions (If self employed please advise name and address of current and previous businesses)

1. Business Name Period of employment years

Business Address

City / Suburb State Postcode

Responsibilities

2. Business Name Period of employment years

Business Address

City / Suburb State Postcode

Responsibilities

3. Business Name Period of employment years

Business Address

City / Suburb State Postcode

Responsibilities

Please list all formal qualifications, diplomas, certificates, short courses and on the job training completed, which you feel are relevant to this application:

1 Date / /

2 Date / /

3 Date / /

3. References - Trade / Business

A. Trade/Business Reference

Company Name Type of Business

Referee Name Position Held

Phone Contact Email Address

B. Trade/Business Reference

Company Name Type of Business

Referee Name Position Held

Phone Contact Email Address

C. Trade/Business Reference

Company Name Type of Business

Referee Name Position Held

Phone Contact Email Address

4. Bank Details

Company Name

Name on Account

Name of Bank

City/ Suburb State Postcode

Contact Name Position

Phone Number Email Address

5. Accountant Details

Full Name	<input type="text"/>	Position	<input type="text"/>
Business Address	<input type="text"/>		
City / Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone Number	<input type="text"/>	Email Address	<input type="text"/>

6. Solicitor Details

Full Name	<input type="text"/>	Position	<input type="text"/>
Practice Name	<input type="text"/>		
Business Address	<input type="text"/>		
City / Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone Number	<input type="text"/>	Email Address	<input type="text"/>

7. Financial Background

Have you or your Partner / Directors, ever been declared bankrupt? Yes No

Have you ever entered into any arrangement for the benefit of creditors or had a judgement made against you or your Partners/ Directors? Yes No

Have you or your Partners / Directors ever been refused credit? Yes No

If you have answered "yes" to any of the above three questions, please provide further details around each matter

8. Convictions and Legal Proceedings

Please advise details of any charges or convictions against you or your Company, or any previous Company you have owned, in any state or territory of Australia, or elsewhere, under any legislation. Please advise year, type of matter and details of outcome.

9. General Information

Why do you believe you would be suited to operating a Mrs. Fields franchise?

What appeals to you about a Mrs. Fields franchise

Why do you feel you will be successful as a Mrs. Fields franchisee?

*How many years do you intend to operate your Mrs. Fields franchise? 3 years 5 years 10 years

*Do you understand that a number of disciplines exist in any franchise system? Are you comfortable working in co-operation with Mrs. Fields, including the type of products that can be sold? Yes No

*Are you aware that a Mrs. Fields franchise is granted, subject to a number of terms and conditions detailed in the Franchise Agreement and it is possible for the agreement to be terminated by either party for failure to meet all obligations under the Franchise. Yes No

*Are you aware that a franchise is for a limited period of time and there is no guarantee of a renewal. If a renewal is offered, it may be subject to different terms and conditions from original agreement? Yes No

10. Financial Statement - please complete for each Partner/ Director

INCOME AND EXPENDITURE STATEMENT

MONTHLY HOUSEHOLD INCOME	VALUE \$
Total Salary & Wages	\$
Bonus & Commissions	\$
Dividend / Interest	\$
Real Estate Income	\$
Other Income - please list	\$
	\$
	\$
	\$
	\$
	\$
	\$
A TOTAL INCOME	\$

MONTHLY EXPENDITURE	VALUE \$
Mortgage Repayment	\$
Credit Card Repayments	\$
Personal Loan Repayments	\$
Leases or Rent	\$
Insurances	\$
Rates, Taxes	\$
Electricity / Gas	\$
Household Costs	\$
Car Costs	\$
	\$
	\$
D TOTAL EXPENDITURE	\$

ASSET AND LIABILITY STATEMENT

ASSETS	VALUE \$
Property - Personal Dwelling	\$
Property - Investment 1	\$
Property - Investment 2	\$
	\$
Motor Vehicle 1	\$
Motor Vehicle 2	\$
Shares	\$
Furniture	\$
Personal Effects	\$
	\$
Surrender Value Superannuation	\$
Surrender Value Life Insurance	\$
	\$
B TOTAL ASSETS	\$

LIABILITIES	VALUE \$
Mortgage - Personal Dwelling	\$
Mortgage - Investment 1	\$
Mortgage - Investment 2	\$
Personal Loan	\$
Motor Vehicle Loan 1	\$
Motor Vehicle Loan 2	\$
	\$
Bank Overdraft	\$
Personal Taxation	\$
	\$
	\$
	\$
	\$
E TOTAL LIABILITES	\$

BUSINESS ASSETS	VALUE \$
Cash	\$
Goodwill	\$
Plant and Equipment	\$
Stock	\$
Debtors	\$
Other (please itemise)	\$
	\$
	\$
	\$
C TOTAL ASSETS	\$

BUSINESS LIABILITIES	VALUE \$
Bank Overdraft	\$
Commercial Bills	\$
Lease Commitments	\$
Other Financing	\$
Creditors	\$
Other (please itemise)	\$
	\$
	\$
	\$
F TOTAL LIABILITIES	\$

G TOTAL ASSETS (= B+C)	\$
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H TOTAL LIABILITIES (= E+F)	\$
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NET POSITION = TOTAL ASSETS (G) minus TOTAL LIABILITIES (H) = \$

10. Declaration and Acknowledgement

I/we: _____
Full name (s) of applicant (s)
of _____ State _____ Postcode _____
Full address of applicant (s)

Declare as follows:

- I/we have answered all questions and provided required information in this form and any other forms supplied to Cookies Australia Pty Ltd, to the best of my/our knowledge and belief. I/we believe the answers and information are true and correct in all respects and no relevant details have been omitted.
- I/we understand that by completing the Franchise Application, it does not signify a formal contract or binding arrangement with Cookies Australia Pty Ltd. It does not guarantee an offer of a franchise.
- I/we acknowledge, if any information included in this application is false or misleading in anyway, Cookies Australia Pty Ltd shall have the right to terminate any Franchise Agreement entered into, on the basis of the information contained in the Franchise Application or supplied in association with the Franchise Application.
- I/we acknowledge that any information provided to me by Cookies Australia Pty Ltd and Mrs. Fields, may contain items which are commercially sensitive and confidential. I/we agree to keep all information confidential and only share such information with our professional advisors, required to assist us in assessing the Franchise opportunity. If requested by Cookies Australia Pty Ltd or Mrs. Fields, we will immediately return or destroy all information supplied.
- I/we will not rely solely on information supplied by Cookies Australia Pty Ltd and Mrs. Fields in assessing any franchise opportunity and will make our own investigations.

I/we acknowledge and agree that Cookies Australia Pty Ltd:

- Is collecting the information contained in this Application, to assess whether I/we should be considered as potential Mrs. Fields Franchisee.
- Is relying upon the information contained in the Franchise Application as a material factor in considering the Application.
- In accordance with Section 18N (1) (b) of the Privacy Act, I/we authorise Cookies Australia Pty Ltd to contact any appropriate third parties to verify the accuracy of the information in this Application, either directly or through its agents and to retain any information obtained for the purposes of the Application.
- Will not contact any referee until it is confirmed it is likely an invitation to take up a Mrs. Fields Franchise, will be offered.
- May provide the information contained in the Franchise Application to our advisers, including accountants, lawyers and consultants.
- May, if I/we are successful, retain any information associated with the Application, as part of our Franchise records.
- Will destroy all information if we are unsuccessful in our Franchise Application

Signed: _____ Name: _____ Date ____/____/____
Please print full name

Signed: _____ Name: _____ Date ____/____/____
Please print full name

Please return the completed **Application Form** to;
Cookies Australia Pty Limited
Mrs. Fields Bakery Café Franchise
P.O. Box 122 **Mt Kuring-Gai NSW 2080**
Alternatively, please scan and email to info@mrsfields.com.au