



ZUHUS FRANCHISE APPLICATION FORM

Part 1: ABOUT YOU					
First Name			Last Name		
Date of Birth			Nationality		
Marital Status			Spouse name		
Address					
City		County		Post Code	
Mobile Phone no			Home Phone no		
Business Phone					
Email Address					

Part 2: YOUR FRANCHISE LOCATION	
How did you hear about this Franchise opportunity?	
Do you have a location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes please provide the address	
City	County
Post Code	
Is the location Freehold or Leasehold	<input type="checkbox"/> Freehold <input type="checkbox"/> Leashold
Which City/Cities would you be interested in running a Zuhus Franchise?	
City 1	City 2
City 3	City 3

Part 3: YOUR QUALIFICATIONS			
Course Name	Qualification	Year	Institution

Part 4: CAREER AND EMPLOYMENT HISTORY

START DATE	END DATE	EMPLOYER OR BUSINESS NAME & ADDRESS	POSITION HELD	DUTIES & RESPONSIBILITIES	EARNINGS START	EARNINGS FINISH	REASON FOR LEAVING



Part 5: FINANCIAL DETAILS (IN £ GB)			
Monthly Income		Dividends, interest	
Property Income		Souse Income	
Total Income			

Part 6: ASSETS AND LIABILITIES (IN £ GB)			
ASSETS		LIABILITIES	
CASH ON HAND IN BANKS		LOAN PAYABLE – BANK	
SECURITUES SHARES, UNIT TRUSTS		LOAN PAYABLE – FAMILY & FRIENDS	
BONDS & DEBENTURES		ACCOUNTS AND BILLS DUE	
NOTES ACCOUNTS RECEIVABLES		PROPERTY MORTGAGES	
PROPERTY – CURRENT MARKET VALUE		OTHER DEBTS & OBLIGATIONS	
NET VALUE OF BUSINESS INTERESTS			
OTHERS ASSETS			
TOTAL ASSETS		TOTAL LIABILITIES	

PART 7: FURTHER FINANCIAL DETAILS (IN £ GB)	
HOW MUCH FREE CAPITAL DO YOU HAVE TO INVEST IN A ZUHUS FRANCHISE?	
HAVE YOU EVER HAD A BUSINESS FAILURE	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES PLEASE EXPLAIN	
HAVE YOU EVER DECLARED YOURSELF OR YOUR BUSINESS BANKRUPT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES PLEASE EXPLAIN	

PART 8: FINAL DECLARATION			
<p>I HEREBY DECLARE THAT TO MY BEST KNOWLEDGE AND BELIEF, THE ABOVE STATEMENT AND PARTICULARS ARE TRUE AND COMPLETE. I ALSO AUTHORISE YOU TO MAKE ANY ENQUIRY YOU CONSIDER NECESSARY IN CONNECTION WITH THIS APPLICATION. I UNDERTAKE TO FURNISH ANY ALTERATIONS TO THE ABOVE PARTICULARS SHOULD I APPLY FOR FURTHER CREDIT AT ANY TIME IN THE FUTURE. I AM AWARE THAT, SHOULD THIS APPLICATION BE REFUSED, NO REASON NEED BE GIVEN, I UNDERSTAND THAT MISREPRESENTATION OF FACTUAL INFORMATION REQUESTED ON THIS FORM MAY DELAY MY APPLICATION AND CAUSE ZUHUS TO RE-EVALUATE MY APPLICATION AS A SUITABLE CANDIDATE FOR A ZUHUS FRANCHISE.</p>			
DATE:	<table border="1"> <tr> <td>I AGREE TO THE ABOVE TERMS</td> <td> <input type="checkbox"/> YES <input type="checkbox"/> NO (APPLICATION VOID) </td> </tr> </table>	I AGREE TO THE ABOVE TERMS	<input type="checkbox"/> YES <input type="checkbox"/> NO (APPLICATION VOID)
I AGREE TO THE ABOVE TERMS	<input type="checkbox"/> YES <input type="checkbox"/> NO (APPLICATION VOID)		
PLEASE SIGN HERE			

