

**1. Applicant Information**

First Name: \_\_\_\_\_ Title:  Mr  Mrs  Miss  Other ( \_\_\_\_\_ )

Middle name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (dd/mm/yy) Gender:  Female  Male

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

**< Permanent Address >**

Street: \_\_\_\_\_

City / Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address (Home): \_\_\_\_\_

Email Address (Work): \_\_\_\_\_

**< Previous Address >** (if resident at Permanent address for less than 2 years)

Street: \_\_\_\_\_

City / Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Will your spouse / partner be involved in the business?  Yes  No

If Yes, in what capacity? \_\_\_\_\_

Note: If spouse / partner is to be involved with the business, they must complete the spouse / partner section 7 of the form.

First Name: \_\_\_\_\_ Title:  Mr  Mrs  Miss  Other ( \_\_\_\_\_ )

Middle name: \_\_\_\_\_

Surname: \_\_\_\_\_

**Dependants**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**2. Employment & Education Information**

**Current Employment**

Occupation: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City / Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Job title: \_\_\_\_\_ Salary: \_\_\_\_\_

Description of role / achievements / main responsibilities  
\_\_\_\_\_

**Details of present business ( if self- employed )**

Type of business: \_\_\_\_\_

Business Name: \_\_\_\_\_ ACN Number: \_\_\_\_\_

Address of business: \_\_\_\_\_

Estimated gross turnover this financial year: AUS\$ \_\_\_\_\_

Estimated profit this financial year: AUS\$ \_\_\_\_\_

**Work History**

From / To	Company Name / Address	Job Title	Description of Role / Achievements / Main responsibilities	Salary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide three (3) referees. These must be former or current employers, supervisors, customers, suppliers, relatives and friends.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Educational Background**

High school: \_\_\_\_\_ Dates attended: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

College: \_\_\_\_\_ Dates attended: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Other: \_\_\_\_\_ Dates attended: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

**3. Business Skills, Approach & Motivation**

Do you enjoy working with people?  Yes  No

What do you believe are your strengths in business?

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Are there any areas in which you feel that you may require assistance / training?  
(e.g. sales skills, accounting, people management etc)

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What are your 3 key achievements in your career / business?

1. 

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2. 

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3. 

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Are you prepared to be personally committed to this business and what is your business goals?

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What motivates you for success in business?

1. 

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2. 

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3. 

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What are the key factors for excellent customer service?

1. 

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2. 

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3. 

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To what extent have you been involved in sales during your business life?

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Have you investigated any other franchise opportunities? If so, who and what is your assessment of them?

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**Computer Skills**

Please rate your knowledge of the following items. (Please tick only one)

1. Rate your overall computer skills

No Knowledge  Some Knowledge  Average  Very Knowledgeable  Highly Knowledgeable

2. Microsoft Applications (Word, Excel, PowerPoint, Publisher)

No Knowledge  Some Knowledge  Average  Very Knowledgeable  Highly Knowledgeable

3. E-mail and internet skills

No Knowledge  Some Knowledge  Average  Very Knowledgeable  Highly Knowledgeable

**4. Legal Information**

Do you have any criminal convictions or impending prosecutions?  Yes  No

If Yes, please give details

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Have you ever had a court judgement against you?  Yes  No

If Yes, please give details ;

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If required, are you prepared to provide a Police Certificate?  
(A Police Certificate provides details of any criminal history)  Yes  No

**5. Financial Information**

How much capital is available for this franchise? \$ \_\_\_\_\_

(i.e. total amount of available funds including assets that can be converted into cash)

If required, what would you plan to convert into cash to purchase a PostNet franchise?

If the present funds are less than required for a PostNet franchise, how do you propose to finance?

What net monthly income do you need to maintain your standard of living for the next 6 months?

\$ \_\_\_\_\_ (per month)

It is understood that the purpose of this application is to enable PostNet to assess whether the PostNet franchise would be suitable for you. It is not binding upon PostNet Australia Pty. Ltd. The undersigned certifies that the information is true and accurate

**Monthly Income**

Wages or Salary (after tax) \$ \_\_\_\_\_  
 Bonus or Commission \$ \_\_\_\_\_  
 Dividends \$ \_\_\_\_\_  
 Other Income (provide details) \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

**Monthly Outgoings**

Mortgage Repayments \$ \_\_\_\_\_  
 Loan Repayments \$ \_\_\_\_\_  
 Credit Cards \$ \_\_\_\_\_  
 Rent / Living Expenses \$ \_\_\_\_\_  
 Other (provide details) \_\_\_\_\_  
 \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

**Assets**

Cash in Bank \$ \_\_\_\_\_  
 Bank name(s) and branch \_\_\_\_\_  
 Shares, Bonds and other Securities \$ \_\_\_\_\_  
 Superannuation \$ \_\_\_\_\_  
 Money due to you (provide details) \$ \_\_\_\_\_  
 Real Estate and Market Value \$ \_\_\_\_\_  
 Your Business \$ \_\_\_\_\_  
 Motor Vehicles \$ \_\_\_\_\_  
 Other Assets (provide details) \_\_\_\_\_  
 \$ \_\_\_\_\_  
**Total Assets (A)** \$ \_\_\_\_\_

**Liabilities**

Overdraft \$ \_\_\_\_\_  
 Motor Vehicle Loans \$ \_\_\_\_\_  
 Other Loans, Leases and HP \$ \_\_\_\_\_  
 Loans guaranteed for Others \$ \_\_\_\_\_  
 Real Estate Mortgages Payable \$ \_\_\_\_\_  
 Other Liabilities (provide details) \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
**Total Liabilities (L)** \$ \_\_\_\_\_  
**Net Worth (A – L)** \$ \_\_\_\_\_

Have you ever filed bankruptcy?  Yes  No If so, how long ago? \_\_\_\_\_

How do you would you maintain living expenses during a new business start-up period?

Savings  Spouse's / Partner's salary  Other \_\_\_\_\_

If you were to proceed with this investment, would you have to finance any portion?

Yes  No How much? \_\_\_\_\_

How?  Home Equity  Leasing / HP  Other \_\_\_\_\_

**Financial agreement to a credit provider given a consumer credit report by a credit reporting agency to assess a commercial credit application (Privacy Act 1988).**

I/We agree that PostNet Australia Pty. Ltd. may obtain a consumer credit report containing information about me/us from a credit reporting agency for the purpose of assessing my/our application for commercial credit.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**6. Other Information**

Will you be able to devote full time to this new business?  Yes  No  
 If not, who do you have in mind to operate the business?  Spouse  Partner  Manager  
 In what area are you considering establishing a business?

City / Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Do you have a specific location in mind?  Yes  No Where? \_\_\_\_\_

If accepted, how soon would you be able to operate a centre?  
 3-6 months  6-12 months  12+ months

**Solicitor Details:**

Solicitor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

**Accountant Details:**

Accountant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

**7. Spouse / Partner Information**

First Name: \_\_\_\_\_ Title:  Mr  Mrs  Miss  Other ( \_\_\_\_\_ )  
 Surname: \_\_\_\_\_ Middle name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ (dd/mm/yy) Gender:  Female  Male  
 Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

**< Permanent Address >**

Street: \_\_\_\_\_  
 City / Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address (Home): \_\_\_\_\_  
 Email Address (Work): \_\_\_\_\_

**Work History**

From / To	Company Name / Address	Job Title	Description of Role / Achievements / Main responsibilities	Salary
_____	_____	_____	_____	_____

**Legal Information**

Do you have any criminal convictions or impending prosecutions?  Yes  No  
 If Yes, please give details \_\_\_\_\_  
 \_\_\_\_\_  
 Have you ever had a court judgement against you?  Yes  No  
 If Yes, please give details \_\_\_\_\_  
 \_\_\_\_\_  
 If required, are you prepared to provide a Police Certificate?  Yes  No  
 (A Police Certificate provides details of any criminal history)

This application is not to be construed as a binding agreement for either party, but does give PostNet the right to check the information provided within and conduct a Credit Report. I / we authorized PostNet to contact any appropriate third parties to verify the accuracy of the information in this Application.

I / we confirm that the information contained in, and accompanying and all the information provided by me / us to PostNet, is true, correct and complete and given in support of this Application.

And PostNet may retain copies of this Application for its records, whether or not this Application is successful. I / we also declare that any documents provided containing financial information are true copies of the final signed versions of the original documents.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Spouse's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_