

Ray White[™]

RAY WHITE (REAL ESTATE) LIMITED

FRANCHISE APPLICATION FORM

2010

Proposed Office Name	
Proposed Commencement Date	

APPLICANT INFORMATION

Applicant's Name			
Home Address			
Town / City		Post Code	
Home Phone	()	Business Phone	()
Mobile Phone	()		
Email Address		Date of Birth	
Drivers License No.	<i>(Please attach a copy)</i>		

COMPANY INFORMATION

Franchisee's Name <i>(if single entity/ partnership)</i>	
Name of Company	
Registered Address of Company	

DETAILS OF PREMISES

Address of Proposed Premises			
Term of Lease		Cost per annum	\$
Proposed Business Phone	()	Proposed Business Fax	()

BANKING AND ADVISOR DETAILS:

Bank / Proposed Bank			
Branch			
Name of Accountant		Phone	()
Name of Solicitor		Phone	()

NAME AND HOME ADDRESSES OF GUARANTOR/S:

Applicant's Name			
Home Address			
Town / City		Post Code	

Applicant's Name			
Home Address			
Town / City		Post Code	

Applicant's Name			
Home Address			
Town / City		Post Code	

Applicant's Name			
Home Address			
Town / City		Post Code	

SHAREHOLDER/S DETAILS (INCLUDING SHAREHOLDING PERCENTAGE):

Shareholder's Name			
Home Address			
Town / City		Shareholding Percentage	

Shareholder's Name			
Home Address			
Town / City		Shareholding Percentage	

Shareholder's Name			
Home Address			
Town / City		Shareholding Percentage	

Shareholder's Name			
Home Address			
Town / City		Shareholding Percentage	

MANAGEMENT:

Licensee in Charge		License No.	
		How Long Held	
Branch Manager		License No.	
		How Long Held	

SALESPEOPLE:

Full Name		License No.		Commenced	
Full Name		License No.		Commenced	
Full Name		License No.		Commenced	
Full Name		License No.		Commenced	
Full Name		License No.		Commenced	
Full Name		License No.		Commenced	
Full Name		License No.		Commenced	
Full Name		License No.		Commenced	
Full Name		License No.		Commenced	
Full Name		License No.		Commenced	
Full Name		License No.		Commenced	
Full Name		License No.		Commenced	
Full Name		License No.		Commenced	
Full Name		License No.		Commenced	

PROPERTY MANAGEMENT:

Full Name		License No.		Commenced	
Full Name		License No.		Commenced	
Full Name		License No.		Commenced	

ADMINISTRATION:

Full Name	
Full Name	

APPLICANT'S STATEMENT OF FINANCIAL POSITION:

Assets	Liabilities
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

REFEREES:

Full Name		Phone	()
Full Name		Phone	()

ACKNOWLEDGEMENT:

I / we confirm that all information supplied on this application form is to the best of my/our knowledge, true.

Signed	_____	Signed	_____
Dated	_____	Dated	_____

PRIVACY ACT 1993 STATEMENT:

For the purposes of the Privacy Act 1993:

- This franchise application form collects personal information about you.
- This information is required to:
 - access your eligibility as a franchise owner; and
 - be provided to a credit bureau if you enter into a Franchise Agreement and fail to comply with the terms of that agreement.
- The information in this franchise application form will, if you enter into a Franchise Agreement with us, be held on a database and used by us.
- The information will also be made available to a credit bureau.
- You have a right to see the information held about you by any credit bureau and to correct it in accordance with the Privacy Act 1993.

I / we consent to you providing the information contained in this application to any credit bureau

I / we acknowledge that the information may then be publicly accessible through a credit bureau

Signed _____

Signed _____

Dated _____

Dated _____

Please complete all applicable sections of this application and attach all relevant material (photocopies of licenses, references etc) and return to Ray White Real Estate marked "**Confidential**" to:

Carey Smith
Ray White (Real Estate) Limited
PO Box 6067
Wellesley Street
AUCKLAND 1010

