



## Management Electronic Systems CC.

237 Marija Street, Sinoville, Pretoria

TEL: 012 543 2557

FAX: 012 543 1694

VoIP: 087 830 0618

VoIP Fax: 087 940 0217

### FRANCHISE APPLICATION

*Except to the extent necessary to process this application, otherwise described below, or required by law, we will keep your financial and personal information confidential. We will not contact your current employer without your consent.*

**Instructions:**

- Complete and return this application in connection with your interest in being approved to become a Management Electronic Systems CC. franchisee
- Complete this application using a typewriter or print neatly (it will be scanned electronically)
- Each person or entity that would have an interest in the franchise must submit an application (a married couple may complete a single form)
- Documents listed on page 8 must be submitted as part of this application

Application Date:

How did you first hear about our franchise program?  
(please select one)

- Website  
 Internet articles  
 Existing franchisee

- Newspaper advertisement  
 Newspaper article  
 Other

### PERSONAL INFORMATION

<b>Name:</b>	First Middle Last	<b>South African Citizenship or Permanent Resident Alien Status</b>	
<b>Social Security #:</b>		<b>Check One Box:</b>	<input type="checkbox"/> SA Citizen
<b>Date of Birth:</b>			<input type="checkbox"/> Permanent Resident Alien
<b>Current Home Address:</b>	Number and Street	<b>Check One Box:</b>	<input type="checkbox"/> Own <input type="checkbox"/> Rent
	State, City and Zip Code		Lived at this address for:      Years Months
<b>Last Prior Home Address: (Applicant)</b>	Number and Street	<b>Check One Box:</b>	<input type="checkbox"/> Own <input type="checkbox"/> Rent
	State, City and Zip Code		Lived at this address for:      Years Months

Home Address: (Co-Applicant)	Number and Street	Box:	<input type="checkbox"/> Rent
	State, City and Zip Code	Lived at this address for:	Years Months

Contact Information	Applicant	Co-Applicant
Home:		
Work/Office:		
Fax:		
Mobile:		
E-mail:		

Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married
	Spouse's Name: First Middle Last	
	Would your spouse have an active role in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes" then describe your spouse's anticipated role:	
	Would your spouse have an ownership interest in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If "Yes" then your spouse must apply with you to become a franchisee, and your spouse must provide the information for Co-Applicant.</i>	

Complete this section for Co-Applicant only if Applicant and Co-Applicant are a married couple applying together.

ID Number #:		Check One	<input type="checkbox"/> SA Citizen
Date of Birth:		Box:	<input type="checkbox"/> Permanent Resident Alien

Number of Dependents:		Ages of Children:	
-----------------------	--	-------------------	--

	Applicant	Co-Applicant	If "Yes" to any of the following questions, then provide complete explanation and details.
Have you ever been convicted of a crime, other than a minor traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any felony charges pending, or are you under indictment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been the subject of a petition in bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**YOUR INTEREST IN BECOMING A MANAGEMENT ELECTRONIC SYSTEMS CC. FRANCHISEE**

Why do you want to become a Management Electronic Systems CC.	
---	--

franchisee?

**GEOGRAPHIC INTEREST**

Please tell us about any specific area or site you have in mind. (Please note that approval of your application will not imply any development rights to a site or area you identify)

**EDUCATION**

**Applicant**

Did you graduate from high school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, what was the last year that you completed?	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11
College or University	Years Attended	Year Graduated	Major	Degree		
Do you speak English fluently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What other languages of any, do you speak fluently?			

**Co-Applicant**

Did you graduate from high school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, what was the last year that you completed?	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11
College or University	Years Attended	Year Graduated	Major	Degree		
Do you speak English fluently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What other languages of any, do you speak fluently?			

**BUSINESS EXPERIENCE**

	Applicant	Co-Applicant	If "Yes" to any of the following questions, then provide complete details, including name, state, and nature of your involvement.
Do you now or have you ever owned, managed or held an interest in any dessert or bakery business?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	
Do you currently have an interest in any other business?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	
Have you ever been a franchisee with respect to a	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	

business not identified  
above?

Applicant

Current Employer (Name, Address)	Position Details (Title, Responsibilities, etc.)	Yearly Salary (excluding bonus and commissions)	Name and phone number of the person to whom you report	Dates Employed (From – To)
Previous Employer (Name, Address)	Position Details (Title, Responsibilities, etc.)	Yearly Salary (excluding bonus and commissions)	Name and phone number of the person to whom you report	Dates Employed (From – To)
Previous Employer (Name, Address)	Position Details (Title, Responsibilities, etc.)	Yearly Salary (excluding bonus and commissions)	Name and phone number of the person to whom you report	Dates Employed (From – To)

Co-Applicant

Current Employer (Name, Address)	Position Details (Title, Responsibilities, etc.)	Yearly Salary (excluding bonus and commissions)	Name and phone number of the person to whom you report	Dates Employed (From – To)
Previous Employer (Name, Address)	Position Details (Title, Responsibilities, etc.)	Yearly Salary (excluding bonus and commissions)	Name and phone number of the person to whom you report	Dates Employed (From – To)
Previous Employer (Name, Address)	Position Details (Title, Responsibilities, etc.)	Yearly Salary (excluding bonus and commissions)	Name and phone number of the person to whom you report	Dates Employed (From – To)

OWNERSHIP OF FRANCHISE AND MANAGEMENT OF BUSINESS

Would any person or entity,

Yes

If "Yes," list each other person and entity who

other than you have an interest in the franchise?	would have an interest in the business:	
Who will be the operating partner(s)?	A total of at least 40 hours/week must be spent in the café by the operating partner(s) and managers who have completed the Operations training with us.	
Do you consider yourself able to undertake the physical tasks necessary to operate a Management Electronic Systems CC.Café on a day-to-day basis?	<input type="checkbox"/> Yes	Describe how you will be involved in the day-to-day operation of the café:
	<input type="checkbox"/> No	

**INVESTMENT FINANCING\*\***

A. What is your total anticipated Investment to open for business?	R _____
B. What portion of the Investment would you pay in cash?	R _____
List the sources of capital that you plan to use to cover the portion of the Investment above that you plan to pay in cash (e.g. savings account, stocks, etc.)	
Sources	Amount
C. What portion of the Investment would your partner(s) pay in cash?	R _____
D. What portion of the Investment are you and your partner(s) borrowing?	R _____
List the sources of capital that you plan to use to cover the portion of the Investment above that you plan to pay in cash (e.g. savings account, stocks, etc.)	
Sources	Amount
<b>Total (B thru D above)</b>	<b>R _____</b>

**\*\*IMPORTANT NOTE:** *The approval of your application will not imply that Management Electronic Systems CC.has attempted to asses whether you have reasonably estimated your total anticipated Investment.*

**PERSONAL FINANCIAL STATEMENT**

As of Application Date

ASSETS	Applicant	Co-Applicant
Cash in banks including savings, checking, etc. (Schedule 1)	R _____	R _____
Marketable securities, stocks, bonds (Schedule 1)		
401K, IRA, or other retirement accounts (Schedule 1)		
Real estate - primary residence (Schedule 2)		

Real estate – other (Schedule 2)		
Interests held in other businesses		
Other Assets (Itemize)		
<b>Subtotal</b>	R	R
<b>TOTAL ASSETS</b> (add subtotals from both columns)		R _____
<b>LIABILITIES</b>	Applicant	Co-Applicant
Mortgage Notes – secured by primary residence (Schedule 2)	R	R
Mortgage Notes – secured by other real estate (Schedule 2)		
Loans Payable (not secured by real estate) (Schedule 3)		
Credit card debt, and other revolving debt		
Real estate – other (Schedule 2)		
Other Debts, Liabilities, and Financial Obligations (Itemize)		
<b>Subtotal</b>	R	R
<b>TOTAL LIABILITIES</b> (add subtotals from both columns)		R _____
<b>NET WORTH</b> (equals Total Assets Minus Total Liabilities)		R _____

PRESENT ANNUAL INCOME

	Applicant	Co-Applicant
Salary	R	R
Bonus and Commissions		
Dividends		
Real Estate (e.g. rental income, etc.)		
Other Income (Itemize)		
<b>Subtotal</b>	R	R

SCHEDULES TO PERSONAL FINANCIAL STATEMENT (Attach additional sheets if necessary)

Schedule 1 – Asset Accounts and Individually Held Securities

Financial Institution & Account No. (or Number and Name of Securities)	Type of Account, Fund or Security	Balance or Market Value	Outstanding Loans (e.g. Margin balance)	Owner of Record
--	--------------------------------------	-------------------------------	--	-----------------

Schedule 2 – Real Estate

Property Address & Description	Assessed	Mortgage &	Total Annual Payments	R Equity Owned by
--------------------------------	----------	------------	-----------------------	-------------------

(e.g. single family home, etc.)	Market Value	Loans	of Mortgage and Loans	Applicant(s)
---------------------------------	--------------	-------	-----------------------	--------------

Schedule 3 – Loans Payable (not secured by real estate)

Lender	Loan Type	Balance	Monthly Payment	Maturity/Pay Off
--------	-----------	---------	-----------------	------------------

Please note, the follow documents must be submitted with this application to be considered completed. Management Electronic Systems\_CC.may request additional documentation and information before rendering a decision on this application.

- Last 2 months statement for each account listed in Schedule 1 (obtain an updated statement from your financial institution if the one you have is more than 90 days old);
- Property tax statement for each property listed in Schedule 2;
- If any required document cannot be provided, then a written explanation of the reasons why that required document is not available.

By signing below:

- I am representing and warranting that the information in this application (including information in the documents that I submit as part of my application) is true and correct.
- I understand that Management Electronic Systems\_CC.will rely on this information when determining whether to approve my application. If Management Electronic Systems\_CC.approves my application, and later determines that the information I provided was materially false or incomplete, then Management Electronic Systems\_CC.will have a right to terminate the franchise that I acquire, which among other things required that I be of good character.
- I hereby authorize Management Electronic Systems\_CC.(and its affiliates and authorized agents) to make any additional credit, background, and character checks that Management Electronic Systems\_CC.or its affiliates deem appropriate, including obtaining of a person credit report. If my application is approved, then this authorization shall continue as long as I am in the process of developing a Management Electronic Systems CC., or I remain a Management Electronic Systems CC.franchisee, or I have any obligations to Management Electronic Systems\_CC or its affiliates, and any information obtained may be used by Management Electronic Systems\_CC.and its affiliates in an attempt to enforce my obligations to Management Electronic Systems\_CC.or its affiliates.
- I hearby authorize all persons, schools, banks and financial institutions, past or present employers, credit bureaus, and law enforcement agencies to release to Management Electronic Systems\_CC.(and its affiliates and authorized agents) any information about me that they possess, without qualification or restriction, and I hereby release them from any liability for complying with this authorization. I authorize that a photocopy or facsimile or this release be considered as valid as the original.
- I am warranting and representing that I do not currently have any interest in a bakery or desserts business that would result in a violation of the covenants against competition contained in the franchise agreement governing the business I am seeking to acquire.
- I understand that if my application is approved, and I acquire a Management Electronic Systems CC.franchise, then Management Electronic Systems\_CC.and its affiliates may, but shall have no obligation

to, from time to time extend credit to me in connection with my operation of a Management Electronic Systems CC., including but not limited to my purchases of Management Electronic Systems CC.brand products.

SIGNATURE: \_\_\_\_\_

Applicant

SIGNATURE: \_\_\_\_\_

Co-Applicant

Except to the extent necessary to process this application, otherwise described below, or required by law, we and our affiliates will keep your financial and personal information confidential. We will not contact your current employer without your consent.