



**EXPRESSION OF INTEREST FOR HILLS ROBES & SCREENS FRANCHISE**

DATE: \_\_\_\_\_

PREFERRED AREA: \_\_\_\_\_

NAME(S) IN FULL: Mr/Mrs/Miss/Ms \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mr/Mrs/Miss/Ms \_\_\_\_\_ Date of Birth \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

POSTCODE: \_\_\_\_\_

NO. OF YEARS: \_\_\_\_\_

TELEPHONE NUMBERS: (home) \_\_\_\_\_ (work) \_\_\_\_\_

(mobile) \_\_\_\_\_ (fax) \_\_\_\_\_

EMAIL: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ NO. OF CHILDREN: \_\_\_\_\_

AGES: yrs \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

NO. OF YEARS AT THIS ADDRESS: \_\_\_\_\_

WILL YOUR SPOUSE BE ACTIVE IN THE BUSINESS? \_\_\_\_\_

OTHER FAMILY MEMBERS WHO WOULD BE ACTIVE IN THE BUSINESS:  
\_\_\_\_\_

DO YOU HAVE ANY ILLNESSES OR DISABILITIES WHICH MAY AFFECT YOUR ABILITY TO EFFECTIVELY OPERATE THE BUSINESS? IF SO, PLEASE LIST THOSE ILLNESSES OR DISABILITIES

---

WHY ARE YOU INTERESTED IN A HILLS ROBES & SCREENS FRANCHISE?

---

WHAT DO YOU FEEL WOULD BE YOUR MAJOR CONTRIBUTION TO THE BUSINESS?

---

WHEN ARE YOU ABLE TO START?

---

HAVE YOU HAD ANY CONVICTIONS OR CIVIL PENALTIES IN THE LAST 10 YEARS WHICH INVOLVE AN ELEMENT OF DISHONESTY?

---

WHAT ANNUAL INCOME WOULD YOU EXPECT TO EARN FROM A HILLS ROBES & SCREENS FRANCHISE?

---

**BUSINESS REFERENCES**

**(Contact with references will only be made with your consent)**

NAME &  
POSITION: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TEL NO: \_\_\_\_\_

NAME &  
POSITION: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TEL NO: \_\_\_\_\_

NAME &  
POSITION: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TEL NO: \_\_\_\_\_

**PERSONAL REFERENCES**

NAME &  
RELATIONSHIP: \_\_\_\_\_

TEL NO: \_\_\_\_\_

NAME &  
RELATIONSHIP: \_\_\_\_\_

TEL NO: \_\_\_\_\_

**PREVIOUS EXPERIENCE (LIST MOST RECENT POSITIONS FIRST)**

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMPLOYED  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION: \_\_\_\_\_

DUTIES: \_\_\_\_\_

ANNUAL INCOME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMPLOYED  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION: \_\_\_\_\_

DUTIES: \_\_\_\_\_

ANNUAL INCOME: \_\_\_\_\_

REASON FOR LEAVING:  
\_\_\_\_\_

**HOBBIES AND LEISURE INTERESTS:**

\_\_\_\_\_

**BUSINESS & WORK EXPERIENCE**

WHAT EXPERIENCE DO YOU HAVE WITH BUILT IN FURNITURE, (WARDROBES), SHOWER  
SCREENS & GLASS?

\_\_\_\_\_

HAVE YOU EVER OPERATED YOUR OWN BUSINESS? YES / NO  
(please give details):

\_\_\_\_\_

This information is true to the best of my knowledge. I understand this application is not  
binding on either party. I hereby give permission to check all or any information  
contained herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO: MANAGING DIRECTOR - HILLS ROBES & SCREENS  
PO BOX 17 SALISBURY SOUTH SA 5106**

**NOTE:**

Hills Robes & Screens ABN 24 081 724 721 of 12-14 Pentland Avenue Salisbury South SA 5106 collects your personal information in this form solely to make an informed assessment as to your suitability and whether to grant you a Hills Robes & Screens franchise.

You may access your personal information at any time upon request. The information we collect will be kept confidential and will not be disclosed to third parties. If you fail to provide all the information requested we may not be able to fully consider your application. If you would like to access any personal information we hold about you or obtain a copy of our Privacy Policy please contact us on (08) 82585719.

Please complete the attached Financial Statement and forward it with the above information.

Also note the **Confidentiality Deed** that must be downloaded and completed in conjunction with this information.

**PERSONAL FINANCIAL STATEMENT**

NAME(S): \_\_\_\_\_

STATEMENT AS OF: \_\_\_\_\_

<u>ASSETS</u>	\$	<u>LIABILITIES</u>	\$
BANK ACCOUNTS		OVERDRAFT	
		BANK LOANS	
HOME		MORTGAGE	
CONTENTS & PERSONAL EFFECTS			
OTHER REAL ESTATE		MORTGAGES	
SHARES & OTHER INVESTMENTS		LOANS	
SUPERANNUATION		CREDIT CARDS	
MOTOR VEHICLES		HIRE PURCHASE / LEASE AGREEMENTS	
OTHER ASSETS		OTHER LIABILITIES	
TOTAL ASSETS		TOTAL LIABILITIES	

ANY OTHER RELEVANT INFORMATION, OR ADDITIONAL DETAIL:

**STATEMENT OF INCOME & EXPENDITURE**

WEEK / FORTNIGHT / MONTH - Please circle

<u>INCOME</u>	\$	<u>EXPENDITURE</u>	\$
SELF		HOUSEHOLD	
		MORTGAGE	
		RENT	
SPOUSE		RATES & TAXES	
		TELEPHONE	
		POWER & GAS	
		OTHER	
OTHER INCOME		LIVING	
INVESTMENTS		FOOD	
		ENTERTAINMENT	
		CLOTHES	
		SCHOOL FEES	
		HOLIDAYS	
		SUNDRY	
		MOTOR VEHICLE	
		LEASE HIRE PURCHASE	
		PETROL	
		SERVICES / REPAIRS	
		REGISTRATION	
		INSURANCE	
		LOAN REPAYMENTS	
		CREDIT CARDS	
		OTHER FINANCE AGREEMENTS	
		TAXATION	
<b>TOTAL INCOME</b>		<b>TOTAL EXPENDITURE</b>	

ARE YOU A DECLARED OR UNDECLARED BANKRUPT? \_\_\_\_\_

IS ANY LEGAL ACTION CURRENT OR PENDING AGAINST YOU OR ANY COMPANY ASSOCIATED WITH YOU?

\_\_\_\_\_

WILL YOU APPLY ON BEHALF OF A COMPANY? YES / NO

COMPANY

NAME: \_\_\_\_\_

REGISTERED

OFFICE: \_\_\_\_\_

DIRECTORS:

\_\_\_\_\_

SHAREHOLDERS:

(If applying on behalf of a company Directors Guarantees will be required)

\_\_\_\_\_

IS IT A TRUSTEE COMPANY? YES / NO

NAME AND TYPE OF TRUST

\_\_\_\_\_

BENEFICIARIES:

\_\_\_\_\_

This information is true to the best of my knowledge. I understand this application form is not binding on either party.

I/we have carefully read and submitted the foregoing information provided on all the pages of this statement. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of expressing my/our interest in becoming a franchisee of Hills Robes & Screens. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify Hills Robes & Screens and unless Hills Robes & Screens is notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize Hills Robes & Screens to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to Hills Robes & Screens any information that it may have or obtain in response to such credit inquiries.

**I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state.**

I hereby give permission to check all or any information contained herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_