



**Megasealed**<sup>™</sup>  
Bathrooms & Balconies

# FRANCHISE APPLICANT INFORMATION

## STRICTLY CONFIDENTIAL

This document has been designed for Megasealed Bathrooms & Balconies to allow you to present your personal information in a clear format and would appreciate you completing all sections.

This information will be treated in confidence and will not be disclosed in full or in part to anyone other than Megasealed Bathrooms & Balconies management, advisers, and the franchisor. Upon request, Megasealed Bathrooms & Balconies will return or destroy this booklet.

This form is not a contract and Megasealed Bathrooms & Balconies is not required to invite you to proceed with the process of purchasing a franchise. This form indicates your willingness to express serious interest in a franchise. It will also assist Megasealed Bathrooms & Balconies in considering your suitability to operate a franchise.

This is an important document, as when completed it becomes your disclosure of facts and circumstances to Megasealed Bathrooms & Balconies. Failure to make full disclosure may be taken as an act of misrepresentation.

The franchisor reserves the right to reject any or all applications.

**Please note:**

**If you wish to apply jointly with another person then each applicant must complete a form.**

**If you wish to apply with a company then the company and each Director/Officer associated with the company must complete the appropriate forms.**



## CONTACT DETAILS

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ NUMBER OF DEPENDANTS \_\_\_\_\_

ARE YOU AN AUSTRALIAN CITIZEN YES/NO

IF NOT PLEASE DISCLOSE YOUR RESIDENCY STATUS & CLASS OF VISA BELOW:

\_\_\_\_\_

ARE YOU LEGALLY ENTITLED TO WORK IN AUSTRALIA YES/NO

DRIVERS LICENSE NUMBER & CLASS \_\_\_\_\_



## BUSINESS/EMPLOYMENT AND EDUCATION HISTORY

POSITION HELD \_\_\_\_\_

COMPANY/BUSINESS NAME \_\_\_\_\_

DATE OF COMMENCEMENT AND DATE LEFT \_\_\_\_\_

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

SALARY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PLEASE STATE YEAR OF HIGH SCHOOL COMPLETED \_\_\_\_\_

NAME OF UNIVERSITY OR COLLEGE \_\_\_\_\_

NAME OF DEGREE/DIPLOMA COMPLETED \_\_\_\_\_

YEAR OF COMPLETION \_\_\_\_\_



## HEALTH & LEGAL

**DO YOU HAVE ANY PHYSICAL OR MENTAL LIMITATION WHICH MIGHT AFFECT YOUR PERFORMANCE IN THIS BUSINESS?**

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**IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE PROVIDE DETAILS BELOW**

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**HAVE YOU OR ANY APPLICABLE PARTNERS, OFFICERS, DIRECTORS OR SHAREHOLDERS WITH YOUR BUSINESS AFFILIATION EVER:**

**BEEN BANKRUPT OR INSOLVENT OR ASSIGNED YOUR ESTATE FOR THE BENEFIT OF YOUR CREDITORS OR BEEN CONNECTED WITH A COMPANY WHICH HAS BEEN PLACED UNDER ADMINISTRATION, RECEIVERSHIP OR LIQUIDATION UNDER THE PROVISIONS OF THE CORPORATIONS OF LAW? YES/NO**

**HAD LEGAL PROCEEDINGS TAKEN AGAINST YOU FOR ANY DEBT? YES/NO**

**BEEN CONVICTED OF ANY CRIMINAL OFFENCE IN ANY COURT OR ARE CURRENTLY IN THE SUBJECT OF ANY CHARGE PENDING BEFORE ANY COURT? YES/NO**

**IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE PLEASE PROVIDE DETAILS:**

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Please note a Police Check clearance will need to be obtained prior to being granted a Megasealed Franchise due to our services being commonly undertaken in private residences and domestic environments.



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## GENERAL INFORMATION

**HOW DID YOU HEAR ABOUT THIS FRANCHISE OPPORTUNITY**

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**WHY WOULD YOU LIKE TO JOIN THE MEGASEALED BATHROOMS & BALCONIES FRANCHISE NETWORK**

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**WHY DO YOU THINK YOU ARE SUITED TO BECOMING A MEGASEALED BATHROOMS & BALCONIES FRANCHISEE**

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**WHAT WILL YOUR INVOLVEMENT BE IN THE FRANCHISE VENTURE**

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**HAVE YOU HAD ANY EXPERIENCE IN MANAGING YOUR OWN BUSINESS**

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**DO YOU HAVE ANY FINANCIAL OR VESTED INTEREST IN ANY OTHER FRANCHISE OR INDEPENDANT BUSINESS**

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**WHAT MEANS WOULD YOU USE TO FUND THE BUSINESS INVESTMENT**

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**WHAT FRANCHISE TERRITORIES ARE YOU APPLYING FOR**

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