

*de la France*  
PROVINCIAL BAKERY





*delafrance*  
PROVINCIAL BAKERY

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

**APPLICANT DETAILS**

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

Private Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Spouse's Age: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

Age of Children: \_\_\_\_\_

Describe any physical or mental disabilities or limitations:

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**DO YOU HAVE ANY OTHER DIRECTORSHIP / BUSINESS INTERESTS?**

If Yes, Name of Company / Business and Address:

Full Name: .....  
ABN: ..... ACN: .....  
Registered Business Address: .....  
Suburb: ..... State: ..... Postcode: .....  
Telephone: ..... Mobile: ..... Fax: .....  
Email Address: .....

**NAME/S AND ADDRESSES OF DIRECTORS AND SHAREHOLDERS:**

Full name: .....  Director  Shareholder  
Private Address: .....  
Telephone: ..... Mobile: .....  
Full name: .....  Director  Shareholder  
Private Address: .....  
Telephone: ..... Mobile: .....  
Full name: .....  Director  Shareholder  
Private Address: .....  
Telephone: ..... Mobile: .....

**CURRENT / PROPOSED STRUCTURE**

Sole Trader  Partnership  Company Pty Ltd.  Trust  
Name of Company: .....  
ABN: .....  
ACN: .....  
Registered Business Address: .....  
Suburb: ..... State: ..... Postcode: .....  
Telephone: ..... Fax: ..... Mobile: .....  
Email Address: .....

Please complete the following details of all company individuals

Full Name: .....  
Position: .....  
 Sole Trader  Partnership  Company Pty Ltd.  Trust  
Registered Business Address: .....  
Suburb: ..... State: ..... Postcode: .....  
Telephone: ..... Fax: ..... Mobile: .....  
Email Address: .....  
Drivers License: .....  
Date of Birth: .....  
Marital Status: .....  
Spouse's Name: .....  
Spouse's Age: ..... Spouse's Occupation: .....  
N.O. of Dependents: ..... Age of Children: .....  
Percentage of Business Ownership: .....  
Describe any physical or mental disabilities or limitations: .....



**CURRENT / PROPOSED STRUCTURE**

- Sole Trader     Partnership     Company Pty Ltd.     Trust

Name of Company: .....  
ABN: .....  
ACN: .....  
Registered Business Address: .....  
Suburb: ..... State: ..... Postcode: .....  
Telephone: ..... Fax: ..... Mobile: .....  
Email Address: .....

Please complete the following details of all company individuals/Guarantors

Full Name: .....  
Position: .....  
 Sole Trader     Partnership     Company Pty Ltd.     Trust  
Registered Business Address: .....  
Suburb: ..... State: ..... Postcode: .....  
Telephone: ..... Fax: ..... Mobile: .....  
E-mail Address: .....  
Drivers License: .....  
Date of Birth: .....  
Marital Status: .....  
Spouse's Name: .....  
Spouse's Age: ..... Spouse's Occupation: .....  
N.O. of Dependents: ..... Age of Children: .....  
Percentage of Business Ownership: .....  
Describe any physical or mental disabilities or limitations: .....

Full Name: .....  
Position: .....  
 Sole Trader     Partnership     Company Pty Ltd.     Trust  
Registered Business Address: .....  
Suburb: ..... State: ..... Postcode: .....  
Telephone: ..... Fax: ..... Mobile: .....  
E-mail Address: .....  
Drivers License: .....  
Date of Birth: .....  
Marital Status: .....  
Spouse's Name: .....  
Spouse's Age: ..... Spouse's Occupation: .....  
N.O. of Dependents: ..... Age of Children: .....  
Percentage of Business Ownership: .....  
Describe any physical or mental disabilities or limitations: .....

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.....



Full Name: .....

Position: .....

Sole Trader     Partnership     Company Pty Ltd.     Trust

Registered Business Address: .....

Suburb: ..... State: ..... Postcode: .....

Telephone: ..... Fax: ..... Mobile: .....

Email Address: .....

Drivers License: .....

Date of Birth: .....

Marital Status: .....

Spouse's Name: .....

Spouse's Age: ..... Spouse's Occupation: .....

N.O. of Dependents: ..... Age of Children: .....

Percentage of Business Ownership: .....

Describe any physical or mental disabilities or limitations: .....

Full Name: .....

Position: .....

Sole Trader     Partnership     Company Pty Ltd.     Trust

Registered Business Address: .....

Suburb: ..... State: ..... Postcode: .....

Telephone: ..... Fax: ..... Mobile: .....

Email Address: .....

Drivers License: .....

Date of Birth: .....

Marital Status: .....

Spouse's Name: .....

Spouse's Age: ..... Spouse's Occupation: .....

N.O. of Dependents: ..... Age of Children: .....

Percentage of Business Ownership: .....

Describe any physical or mental disabilities or limitations: .....

**DO YOU HAVE ANY OTHER DIRECTORSHIP / BUSINESS INTERESTS?**

If Yes, Name of Company / Business and Address:

Full Name: .....

ABN: ..... ACN: .....

Registered Business Address: .....

Suburb: ..... State: ..... Postcode: .....

Telephone: ..... Mobile: ..... Fax: .....

Email Address: .....

**NAME/S AND ADDRESSES OF DIRECTORS AND SHAREHOLDERS:**

Full name: .....  Director     Shareholder

Private Address: .....

Telephone: ..... Mobile: .....

Full name: .....  Director     Shareholder

Private Address: .....

Telephone: ..... Mobile: .....

Full name: .....  Director     Shareholder

Private Address: .....

Telephone: ..... Mobile: .....





Have you ever had any conviction against you, in any state or territory of Australia or elsewhere, under any legislation? If Yes, please state full details (Place and year of conviction, type of offence and penalty)

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Are you or your employer providing products, goods or services to Boulangerie Delafrance or any of its franchisees? If Yes, please state name, relationship and position held.

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Do you now or have you ever owned / managed or had an interest in a cafe/restaurant operation? If Yes, please state full details

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Personal Qualifications, Degrees or Diplomas:

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Formal Training in Sales, Retailing or Management:

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**CURRENT EMPLOYMENT DETAILS**

Occupation: .....  
Position: .....  
Company: .....  
Type of Business: .....  
Address: .....  
Suburb: ..... State: ..... Postcode: .....  
Contact Person: ..... Telephone: .....  
Period of Employment: .....  
Commencement Date: .....  
Responsibilities: .....  
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Reason Left: .....  
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**PREVIOUS EMPLOYMENT DETAILS**

Occupation: .....  
Position: .....  
Company: .....  
Type of Business: .....  
Address: .....  
Suburb: ..... State: ..... Postcode: .....  
Contact Person: ..... Telephone: .....  
Period of Employment: .....  
Commencement Date: .....  
Responsibilities: .....  
.....  
.....

Reason Left: .....  
.....  
.....



## REFERENCES

Name: ..... Telephone: .....  
Position: ..... Company: .....  
Nature of Reference (i.e. Personal, Employment): .....

Name: ..... Telephone: .....  
Position: ..... Company: .....  
Nature of Reference (i.e. Personal, Employment): .....

Name: ..... Telephone: .....  
Position: ..... Company: .....  
Nature of Reference (i.e. Personal, Employment): .....

## BUSINESS INTEREST

What type of Boulangerie Delafrance are you interested in opening?

- Full Restaurant
- Cafe Bakery
- Kiosk
- Provincial Cafe

Why is this type of Boulangerie Delafrance attractive to you? .....

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What area are you interested in opening?

A. ....  
B. ....  
C. ....

Why is this area attractive to you? .....

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## DECLARATION

I / We

of

declare as follows:

The information I / We have given in this Franchise Application is true and correct and that no relevant details have been omitted.

I / We understand that this application is part of an offer to Boulangerie Delafrance and that it may be accepted or refused by Boulangerie Delafrance in its sole discretion.

I / We also acknowledge and agree that Boulangerie Delafrance:

May make any credit / character checks which it deems necessary to verify the accuracy of the information in this application and to retain any information attained for its records.

I have read, understood and agree to the above declaration

By completing and returning this document, you consent to Boulangerie Delafrance, its related entities and its franchisees collecting your personal information for use in accordance with our Privacy Policy and in particular, in order to provide the goods and/or services you have requested and for marketing purposes. You can view a complete copy of our Privacy Policy or contact one of our privacy officers to access your personal information at [www.delafrance.com.au](http://www.delafrance.com.au). If you do not provide us with the requested information we may be unable to provide the goods and/or services you have requested.

We will not rent, sell or give your personal information to any other entity without your consent.

Dated this:

Day:

Name:

Signature:

