

**FRANCHISE
APPLICATION
FORM**



STOCK MANAGEMENT FOR THE LICENSED TRADE

FRANCHISE APPLICATION FORM

Name: _____

Address: _____

Date of Birth: _____

Email: _____

Business Phone: _____

Mobile: _____

QUALIFICATIONS:

Name & Address	Award	From	To
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

PREVIOUS EMPLOYMENT HISTORY

Place of Employment	Position	From	To
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

References Details of Employment

1 _____
2 _____
3 _____
4 _____

FINANCE

Current Salary/Wages	€ <input type="text"/>
Commissions/Bonus	€ <input type="text"/>
Dividends, Interest	€ <input type="text"/>
Other income	€ <input type="text"/>
TOTAL	€ <input type="text"/>

LIABILITIES

Loans Payable	€ <input type="text"/>
Property Mortgages	€ <input type="text"/>
Personal Debts	€ <input type="text"/>
Business Debts	€ <input type="text"/>
Other Liabilities	€ <input type="text"/>
TOTAL	€ <input type="text"/>

ASSETS

Banks	€ <input type="text"/>
Other financial assets	€ <input type="text"/>
Property – Current market value	€ <input type="text"/>
Net value of business interests	€ <input type="text"/>
Other – car and personal property	€ <input type="text"/>
TOTAL	€ <input type="text"/>

ADDITIONAL QUESTIONS:

1. How much capital do you have to invest in a Stock Watch franchise?
2. Would this franchise be your sole income source?
3. If you are successful in our qualification process when are you ready to invest in a Stock Watch franchise?
4. Have you ever been convicted of a criminal offence?
If yes, please supply details

Yes No

Yes No

5. How involved will you be in the operating of this Stock Watch franchise?
6. Are you currently involved in any other franchise agreements?
If yes, please supply details

Yes No

7. Are you the sole investor in this franchise?
If no please outline the following details:

Yes No

A. Name & Address of additional investors

B. % of investment of additional investors

REFEREE'S

Name

Address

Phone

Occupation

Position held

Date To/From

Name

Address

Phone

Occupation

Position held

Dates To/From

DECLARATION

Everything that I have stated in the above application is true and I understand that the information provided by me will be relied upon by the franchising department in Stock.

I fully understand that any misrepresentation or omissions of facts requested on this franchise application form can be the grounds for termination of a Stock Watch franchise agreement.

Signature

Date



PLEASE RETURN COMPLETED APPLICATION FORM TO:

**Franchising Department,
Stock Watch Ltd,
44 Portacarron,
Ballymoneen Road,
Galway, Ireland.**

**Tel: +353 91 44 2987
Mobile: +353 86 087 3029
Email: franchising@stockwatchireland.ie
www.stockwatchireland.ie**

