

STRICTLY PRIVATE & CONFIDENTIAL WHEN COMPLETED

Robert Harris[®]

COFFEE ROASTERS

Robert Harris Café

(A division of Cerebos Gregg's limited)

Franchise

Application

Form

Cerebos Gregg's Limited

Newark Place, East Tamaki
Private Bag 58-095, Greenmount
Auckland, NEW ZEALAND
Telephone: 09-274-2777
Facsimile: 09-274-2490

Website: www.robertharriscafe.co.nz

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Sections

- **Confidentiality Undertaking:** During the recruitment process you will come across confidential and sensitive information. Please read and obtain legal advice if required before executing this document.
- **Authorisation for the Collection and use of Personal Information:** This document authorises Cerebos Gregg's Limited in collecting information regarding your application. Please read and obtain legal advice if required before executing this document.
- **Personal Details:** The section when completed will tell us a little about you and your business experience, you may wish to add additional pages if required or attached your C.V. Please advise us immediately if there are any changes to this information.
- **Professional Advisor's Details:** We may need to speak to some of your advisor's at some stage. This section will help us make contact with them if required.
- **Details of Trusts:** If you have a family trust where your assets are being held and or intend the trust to be the owner of any shareholding of the company of the Robert Harris Café Franchise, then please complete this section.
- **References:** This section requires three credit referees and two personal / business referees.
- **Additional Remarks / Further Information:** If you have information that may assist us in evaluating your application then please detail it in this section. Important information is contained in the Further Information section.
- **Statement of Personal Financial Position:** As part of the recruitment process we also need to know your personal financial position and what assets you have to support the purchase and funding of a Robert Harris Café franchise. Please complete all sections with as much detail as possible.
- **Additional Information Required:** This is a checklist of all the documentation that must accompany your completed application form, ensure you tick what has been included and if not applicable indicate "n/a" in the boxed area instead.
- **Funding / Application Execution:** If you do not appear to have sufficient capital to fund the purchase of a franchise, please detail how you intend to raise the capital required. By completing the execution section you are verifying that all the information contained in this booklet and application is true and correct. Please execute by signing and dating this section.

Confidentiality Undertaking

TO: Cerebos Gregg's Limited ("the Company")

In consideration for the disclosure to me during the recruitment process for a Robert Harris Café ("Robert Harris Cafe") franchisee of certain confidential information regarding Robert Harris Café and its franchisee's, I give the following undertakings with the understanding and intent that they will be relied on by the Company.

1. I will keep confidential all confidential information that is disclosed to me during the recruitment process and I will not, without the prior written consent of the Company;
 - a) Directly or indirectly permit disclosure of any of the confidential information to any person, or
 - b) Use the confidential information in any way other than for the sole purpose of determining whether I wish to become a Robert Harris Café franchisee under the Company's franchise programme, or
 - c) Use the confidential information in a way which is directly or indirectly in competition with the Company or its franchisees or assist any other person to use it in a way which is directly or indirectly in competition with the Company or its franchisees.
2. Without limiting the generality of the term confidential information, I acknowledge that the term is used in this undertaking to include all information disclosed directly or indirectly to me including all information contained in the franchise agreement and the franchise manual, and all information which otherwise becomes known to me through my involvement with the Company's franchisee recruitment programme. The term includes but is not limited to, information relating to the preparation, production, distribution, merchandising, promotion and sales of the Company's products and the term includes the marketing strategies, pricing and financial activities of the Company and its franchise system. Confidential information excludes information which is publicly known or which becomes publicly known after the date of this agreement, other than through the breach or non-performance by me of any of my undertakings under this agreement.
3. I will, upon demand of the Company, return to it or destroy (at the Company's option) all confidential information (including all copies or reproductions of the confidential information) in my possession or control together with all information and documentation containing, comprising or relating in any way to the confidential information.
4. I understand that any unauthorised disclosure by me of the confidential information may result in the Company suffering loss or damage and I acknowledge that I will be liable to the Company for any such loss or damage suffered by the Company or its franchisees as a result of such unauthorised disclosure.
5. In the event that I disclose any confidential information to my advisors I agree:
 - a) To make only such disclosure as is necessary to enable such advisors to evaluate the franchise proposal and advise me accordingly.
 - b) To ensure that any such advisors are aware of the confidentiality of the information and the existence and terms of this confidentiality undertaking.
 - c) To obtain assurances from the advisors that they will maintain the confidentiality of the information and will not use the information for any purpose other than that which is necessary to enable them to fulfill their obligations owed to me in their capacity as advisor.
 - d) I will indemnify the Company for any damage, loss or expense claimed, incurred or suffered by the Company that results from the disclosure of confidential information to any such advisor.
6. I further understand that my obligations to the Company in terms of this undertaking survive the termination of the recruitment process.

Applicant's Signature:

✕



Dated

the

day of

20

Authorisation for the Collection and use of Personal Information

I, _____
(Full name of Applicant)

of _____
(Street No. and Name)

(Town / City)


authorise Cerebos Gregg's Limited ("Cerebos") to obtain at any time from any person or entity, including but not limited to those persons nominated below, any information it may require to ascertain my creditworthiness and/or character. I understand that this information may include, but shall not be limited to, credit reports, financial statements, and character references. I authorise any person or entity holding such information concerning me to release such information to Cerebos.

I acknowledge that:

1. Personal information collected or held by Cerebos is provided and may be held, used and disclosed to enable Cerebos to assess my suitability for the position of franchisee with the Robert Harris Café Franchise System.
2. Personal information collected will be held by Cerebos at:

291 East Tamaki Road
East Tamaki
Auckland
Ph: 09-274-2777
Fax: 09-274-2490
3. I have the right under the Privacy Act 1993 to obtain access to and to request correction of any personal information about me that is held by Cerebos.

Signed by:

✘ _____ 

Dated

the

day of

20

Personal Details

Your Full Name:

Home Address:

(first)

(second)

(surname)

Street No. and Name

Suburb

Town / City

How long have you lived at your present address: _____ Years _____ Months

Telephone Numbers:

Home No. ()

Facsimile No. ()

Mobile No. ()

Business No. ()

Email Address:

Previous Address:

Street No. and Name

Suburb

Town / City

How long at previous address: _____ Years _____ Months

Personal Information

Date of Birth:

General Health:

Spouse / Partner's Name:

Their Date of Birth:

Their General Health:

Age(s) of Children:

Will spouse / partner be active in the business:

Are there any factors that may limit your ability to meet obligations as a franchisee? If so, please give details (e.g. health considerations, other commitments etc)

Have you ever been convicted of anything other than a minor traffic infringement? If so, please describe.

Partner's Full Name:

Home Address:

(first)

(second)

(surname)

Street No. and Name

Suburb

Town / City

Telephone Numbers:

Home No. ()

Facsimile No. ()

Mobile No. ()

Business No. ()

Your % of the business:

Partner's % of the business:

Will he /she devote his / her full time to the business?

Why are you seeking a Robert Harris Café Franchise of your own?

Have you contacted any past or existing Robert Harris Café franchisees seeking information

Please tick

YES

NO

If YES, Who

Do you like coffee? Please tick

YES

NO

Why do you like or dislike coffee?

Are you related by blood or marriage to any director or employee of Robert Harris Franchising or Cerebos Gregg's Limited? If so, please give name and position.

Professional Advisor's Details

Solicitor Details:

Contact Name:

Company Name:

Address:

Telephone No. ()

Facsimile No. ()

Email Address:

Accountant's Details:

Contact Name:

Company Name:

Address:

Telephone No. ()

Facsimile No. ()

Email Address:

Business Advisor's Details:

Contact Name:

Company Name:

Address:

Telephone No. ()

Facsimile No. ()

Email Address:

Bank's Details:

Contact Name:

Bank and Branch Name:

Address:

Telephone No. ()

Facsimile No. ()

Email Address:

Details of Trusts

Is the Applicant a Trustee of a Trust? Please tick

YES **NO**

If yes, please provide the following details:

Name of the Trust: _____

Date of creation of the Trust: _____

Is the Trust a unit Trust? Please tick

NO **YES**

If NO, please provide the names of the specified beneficiaries and additional named beneficiaries:

If YES, provide the names of the unit holders:

Are the unit holders a Trustee or Trustees of a Family Discretionary Trust? Please tick

YES **NO**

If YES, provide the names of specified Beneficiaries and any additional named beneficiaries:

References

Please provide three (3) credit referees (if applicable)

Company Name:

Contact Person:

Address:

Telephone No. ()

Facsimile No. ()

Email Address:

Company Name:

Contact Person:

Address:

Telephone No. ()

Facsimile No. ()

Email Address:

Company Name:

Contact Person:

Address:

Telephone No. ()

Facsimile No. ()

Email Address:

Please provide two (2) personal / business referees.

Company Name:

Contact Person:

Address:

Telephone No. ()

Facsimile No. ()

Email Address:

Company Name:

Contact Person:

Address:

Telephone No. ()

Facsimile No. ()

Email Address:

Please tick

Average Monthly

Fortnightly

Outgoings		Cerebos Use
House repayments / Rent / Board
.....
.....
Other Loans to
.....
.....
Credit Cards
.....
.....
H/P Payments to
.....
.....
Expiry date of contract / /		
Taxation (if not deducted from income)
Life Assurance Premiums
Motor Vehicle(s):		
- Fuel Costs
- Insurance, Registration & Maintenance
Rates & House Insurance
Section Lease / Ground Rent
Electricity / Gas / Heating etc.....
Education Expenses / School Fees and Fares
Living Expenses:		
- Food
- Clothing
- Personal / Cash / Entertainment etc.....
- Medical / Doctors / Dentist
- Holidays
- Gifts (Weddings, Birthdays, Christmas etc).....
Insurance (Contents, Clothing, Personal Effects, Medical)		
Telephone, Tolls
Club Subscriptions
Savings:		
- Bank
- Building Society
- Other
(e.g. Maintenance to Dependents, Regular Charitable Donations)		
Total Outgoings

Additional Information Required

Please attach the following documentation to this Application:

If Attached

- A copy of the market valuation of all properties listed in the financial section.
- A copy of the Certificate of Incorporation of all registered companies.
- If you were not born in New Zealand a copy of your New Zealand Citizen Certificate or other documentation that you can own and operate a New Zealand business.
- A copy of your New Zealand or other countries Passport.
- A copy of your New Zealand Drivers License.

If the Applicant is a Trustee of a Family Discretionary Trust:

- A copy of the Trust Deed.
- Financial Statement including Balance Sheet and Profit and Loss Statements of the Family Discretionary Trust for the last three years.

If the Applicant is Trustee of a Unit Trust:

- A copy of the Trust Deed.
- Where any other the unit-holders are Trustees of Family Discretionary Trusts, a copy of the Constitution of each Trustee and a copy of each Trust Deed.
- Financial Statements including Balance Sheets and Profit and Loss Statements for each unit holder.

