



## FRANCHISE APPLICATION FORM

## 1. APPLICATION FOR DENTDOCTOR FRANCHISE AGREEMENT

1.1 Name of Applicant(s) – all principal owners in proposed business:

- (a) \_\_\_\_\_
- (b) \_\_\_\_\_
- (c) \_\_\_\_\_
- (d) \_\_\_\_\_
- (e) \_\_\_\_\_

1.2 Proposed location of business :

\_\_\_\_\_  
\_\_\_\_\_

1.3 Will the business be owned/run in a corporate entity? Yes/No

1.4 If so, please give name and registration number of entity (if available) and indicate member % shareholding in 1.1

\_\_\_\_\_

## 2. PERSONAL INFORMATION

(copy must be completed for each Principal)

2.1 Date of Birth : \_\_\_\_\_

2.2 Spouse's name: \_\_\_\_\_

2.3 Describe any physical disabilities or limitations :

\_\_\_\_\_  
\_\_\_\_\_

2.4 How would you describe your health

\_\_\_\_\_  
\_\_\_\_\_

2.5 Citizenship \_\_\_\_\_

2.6 ID Number: \_\_\_\_\_

2.7 Residential Address :

---

---

---

2.8 Contact telephone numbers : \_\_\_\_\_ (work)  
\_\_\_\_\_ Home)  
\_\_\_\_\_ (Cell)

### 3. BUSINESS EXPERIENCE

3.1 Present occupation

a) Position :

---

---

b) Company : \_\_\_\_\_

c) Address :

---

---

d) Describe your duties, number of employees supervised and your responsibilities:

---

---

---

3.2 Previous business experience (previous to current )

Dates employed: \_\_\_\_\_

Position : \_\_\_\_\_

Company : \_\_\_\_\_

Type of business : \_\_\_\_\_

Responsibilities :

---

---

Supervisor : \_\_\_\_\_

Reason for leaving : \_\_\_\_\_

#### 4. PERSONAL FINANCIAL STATEMENT

##### 4.1 Income statement for the year ending \_\_\_\_\_

	R
Salary / Wage	
Bonus / Commission	
Dividends & Interest	
Property income (net)	
Business profits	
Other income	
<b>TOTAL ANNUAL INCOME</b>	

**4.2 BALANCE SHEET AS AT \_\_\_\_\_**

<b>ASSETS</b>	<b>R</b>
Cash on hand and in banks	
Accounts receivable	
Other current assets	
<b>Total current assets</b>	
Furniture & household items	
Listed shares	
Unlisted shares	
Property – current market value	
Insurance – surrender values	
Net value of business interests	
Other assets (Vehicles, personal effects)	
<b>Total non-current assets</b>	
<b>TOTAL ASSETS</b>	

<b>LIABILITIES</b>	<b>R</b>
Accounts payable	
Notes / loans payable	
Bank overdraft	
Mortgage bonds	
Other liabilities & commitments	
<b>TOTAL LIABILITIES</b>	

<b>NET WORTH (TOTAL ASSETS – LIABILITIES)</b>	
---	--

**4.3 Can you personally meet the DentDoctor financial requirements or from what sources will the business be financed?**



**4.4 How much are you in the position to invest for the following?**

Working capital \_\_\_\_\_  
Equipment \_\_\_\_\_

**4.5 Have you ever been self-employed before? Please explain.**


**4.6 Have you ever had a business failure? If so please explain:**


**4.7 Do you have any outstanding liabilities as a result of such previous failures? If so please explain:**


**5. GOALS**

**5.1 What are your future goals? How do you plan to achieve them?**


**UNDERTAKING**

I hereby warrant to DentDoctor that the information contained in this application represents my true and fair financial and personal situation and is in all respects complete and not misleading. I understand that DentDoctor will rely on this information to decide whether or not to enter into a franchise agreement with me. I further undertake to advise DentDoctor of any material change to the information contained in this application.

I authorize DentDoctor to seek and rely on information from references and financial institutions listed in this application in order to verify the accuracy thereof.

\_\_\_\_\_  
**Signed (Applicant)**

\_\_\_\_\_  
**Signed (Spouse)**

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

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

## DENT DOCTOR: FRANCHISE LEVELS - ESTIMATED INITIAL SET-UP COSTS

(ASSUMES BEST PRICES NEW AND/OR SECOND HAND)

BRANCH LEVEL	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
<b>Repair types:</b>	Mobile PDR only	Minor, Non-structural, PDR	Advanced, Structural, PDR	Major, Structural, PDR
	<b>ESTIMATED COSTS</b>			
<b>EQUIPMENT</b>				
Bakkie	70,000	70,000	70,000	70,000
PDR Tools	7,000	7,000	7,000	10,000
Strip & Assembly Tools	1,000	2,000	4,000	5,000
Consumables	500	900	1,500	2,500
Light Stands	1,000	1,600	1,600	2,400
Bonnet Stands	1,000	2,000	5,000	5,000
Office & Reception Furniture	1,000	8,000	15,000	25,000
PC's & Printers	5,000	5,000	12,000	18,000
Polisher	2,000	2,000	2,000	5,000
Assorted Tools	500	2,000	3,000	5,000
Compressor	-	8,000	20,000	45,000
Airlines & Filters	-	1,000	8,000	15,000
Electric Hand Tools	-	1,500	2,500	5,000
Hi Pressure Cleaner	-	1,000	4,500	6,500
Vacuum Cleaner	-	1,000	1,000	1,500
Overspray Extraction	-	5,000	10,000	15,000
Spray Room	-	20,000	-	-
Spray Booth	-	-	120,000	160,000
Security	-	5,000	6,000	10,000
Welders - Gas / Spot	-	1,000	25,000	50,000
2 Post Hoist	-	-	12,000	12,000
Chassis Staightening Frame	-	-	15,000	50,000
Jack	-	3,000	3,000	5,000
Engine Hoist	-	-	2,000	3,000
Panel Beating Equipment	-	2,000	3,000	5,000
Dry Flattening System	-	-	40,000	50,000
Infra-red Drying Lamps	-	10,000	10,000	20,000
Headlight Alligner	-	-	7,000	12,000
Other Workshop Equipment	1,000	5,000	17,900	27,100
Signage & Set-up	5,000	10,000	15,000	25,000
<b>TOTAL EQUIPMENT</b>	<b>95,000</b>	<b>174,000</b>	<b>443,000</b>	<b>665,000</b>

<b>START-UP WORKING CAPITAL REQUIREMENTS - PER MONTH</b>				
Rent	-	10,000	20,000	30,000
Wages	4,000	12,000	20,000	30,000
Salaries	1,000	4,000	15,000	25,000
Parts	1,000	3,000	10,000	20,000
Paint	500	3,000	6,000	15,000
Consumables	800	2,000	3,000	10,000
Water & Electricity	200	1,000	2,000	3,000
Telephone & Faxes	500	1,000	1,500	2,000
Insurance	500	1,000	2,000	3,000
Accounting	1,000	1,500	1,500	2,000
Other (Security, office supplies, subscriptions, travel etc.)	500	1,500	3,000	5,000
<b>TOTAL ESTIMATE (MONTHS 1 - 3)</b>	<b>10,000</b>	<b>40,000</b>	<b>84,000</b>	<b>145,000</b>

<b>FRANCHISE FEE</b>	80,000	100,000	100,000	100,000
<b>MONTHLY ROYALTY</b>	2,000	4,000	6,000	10,000
<b>HAIL LEVY</b>	5%	5%	5%	5%
<b>MONTHLY ADVERTISING LEVY</b>	250	500	750	1,000