



**APPLICATION
FOR A**

WILD CAKTUS FRANCHISE

STRICTLY CONFIDENTIAL

**Please note that Wild Cactus may require further information
before deciding whether to grant a Franchise.**

**Wild Cactus does not promise
that a Franchise will be granted.**

Wild Cactus will only grant a Franchise to an individual natural person.

PERSONAL DETAILS

Surname _____ Other Names _____

Address _____

City _____ Post Code _____ For _____ years

Tel _____ (h) _____ (b) _____ (m) _____

Fax _____ Email _____

Previous Address _____

City _____ Post Code _____ For _____ years

Driver's Licence Number _____ Expires _____ State _____

Your Date of Birth _____ Spouse's / Partner's Name _____

Spouse's/Partner's Date of Birth _____ Number of Dependent Children _____ Ages _____

Current state of health

Have you had, or do you have any health related circumstances that could affect your ability to operate a Wild Cactus Franchise? _____

If so, please provide details _____

Have you had, or do you have any criminal or civil convictions? _____

If so, please provide details

Is any legal action pending against you? _____

If so, please provide details _____

Have you ever been bankrupt? _____

If so, please provide details _____

Leisure Interests / Hobbies _____

Memberships /
associations _____



CURRENT BUSINESS DETAILS

Registered Business Name: _____

Address: _____ P/Code _____

Phone: _____ Fax: _____ Email: _____

How long has the business been established? _____

How long have you owned the business? _____

BUSINESS EXPERIENCE

REFERENCES – BUSINESS & FINANCIAL

1 Name and position _____

Company _____ Telephone _____

2 Name and position _____

Company _____ Telephone _____

3 Name and position _____

Company _____ Telephone _____

4 Name and position _____

Company _____ Telephone _____

REFERENCES - PERSONAL

1 Name and relationship _____

How long have you known them? _____Years Telephone _____

2 Name and relationship _____

How long have you known them? _____Years Telephone _____

**NOTE: Do not provide any reference you do not want to be contacted.
Please read and sign the attached "Notice of Disclosure of Your Credit Information to a Credit Reporting Agency"**

Your Professional Advisors

Your Lawyer _____

Company Name _____

Telephone _____ Fax _____ Email _____



Your Accountant _____

Company Name _____

Telephone _____ Fax _____ Email _____

YOUR VISIONS FOR A WILD CAKTUS FRANCHISE

If granted a Wild Cactus Franchise when would you be able to commence? _____

How long will you personally work in the business on a weekly basis ? _____

At present, how long is your work week on average within your business? _____

WILD CAKTUS FRANCHISE OPERATING STRUCTURE

Do you intend operating or are currently operating, a service company structure attached to the pharmacy ? _____

If yes, please explain the role of the service company _____

Name of Company _____

ACN _____ ABN _____ Date Incorporated _____

Registered Office _____

Is it a Trustee Company and if so, who for? _____

1 Director

Surname _____ Other Names _____

Address _____

City _____ Post Code _____ for _____ years

Tel _____ (h) _____ (b) _____ (m) Fax _____

Occupation _____

2 Director

Surname _____ Other Names _____

Address _____

City _____ Post Code _____ for _____ years

Tel _____ (h) _____ (b) _____ (m) Fax _____

Occupation _____



3 Director

Surname _____ Other Names _____

Address _____

City _____ Post Code _____ for _____ years

Tel _____ (h) _____ (b) _____ (m) Fax _____

Occupation _____

Note: Each Director must give a personal guarantee

Proposed Nominated Manager

Surname _____ Other Names _____

Address _____

City _____ Post Code _____ for _____ years

Tel _____ (h) _____ (b) _____ (m) Fax _____

Occupation _____

Experience (Please attach resume if available)



FINANCIAL STATUS

How do you intend to finance your investment if a Wild Cactus Franchise is granted? _____

Capital available

Source	Amount	Loan, Own Funds or Overdraft	Proposed Lending Institution

BANKING

Do you require assistance in obtaining finance? _____

Do you currently have finance against your pharmacy? _____

If so, Loan Amount _____ Bank _____

Business bank _____ Branch _____

Contact _____ Telephone _____

Personal bank _____ Branch _____

Contact _____ Telephone _____

Do you have a mortgage, own, or rent your home? _____



STATEMENT OF FINANCIAL POSITION

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ASSETS

Tangible Assets

Cash
 Bank Deposits
 Investments

 Stock
 Plant & Equipment
 Debtors

Intangible Assets

Insurances

Superannuation

Vehicles

Personal Effects

Other

TOTAL ASSETTS

LIABILITIES

Credit Cards \$
 Overdraft
 Loans

Trade Creditors

Personal
 Creditors

Leases /HP

Other

**TOTAL
 LIABILITIES**

Available Capital

This information is true to the best of my knowledge. I understand this Application is not binding on either party and does not constitute an offer by the Franchisor or Franchisee. I hereby give permission for the Franchisor to check any or all of the information contained herein.

Signature _____ **Date** _____



NOTICE OF DISCLOSURE OF YOUR CREDIT INFORMATION TO A CREDIT REPORTING AGENCY

As part of your application to become a Wild Cactus Franchisee, you are effectively applying for commercial credit, as Wild Cactus may be providing goods or services on a deferred payment basis.

Under Section 18E(8)(c) of the Privacy Act 1988, Wild Cactus are allowed to give a credit reporting agency personal information about your credit application or your company's credit application where you have agreed to be a guarantor (as the case may be) provided that we have made you aware of this possibility. The information which may be given to an agency is covered by Section 18E(1) of the Act and includes:

- Your full name including any known former names or aliases, sex and date of birth
- A maximum of three addresses consisting of a current or last-known address and two immediately previous addresses
- Name of current or last-known employer
- Your driver's licence number

and, where appropriate:

- The fact that you or your company have applied for credit and the amount
- The fact that Wild Cactus is a current credit provider to you or your company
- Payments which become overdue more than 60 days and for which collection action has commenced
- Advice that payments are no longer overdue
- Cheques for over \$100.00 drawn by you or your company which have been dishonoured more than once
- In specified circumstances, that in the opinion of Wild Cactus you or your company have committed a serious credit infringement
- That credit provided to you or your company by Wild Cactus has been paid or otherwise discharged.



SPECIFIC AGREEMENTS AND ACKNOWLEDGMENTS

To: Wild Cactus Pty Limited (ACN * ***) (the Franchisor)**

I/WE, _____
Full Name

being either:

- A A personal applicant for commercial credit from you; or
- B Guarantor(s) of an application for commercial credit from you;
- 1 ACKNOWLEDGE having been informed of the contents of the above "Notice Of Disclosure Of Your Credit Information To A Credit Reporting Agency".
- 2 If you consider it relevant to assessing my/our application for commercial credit or the application for commercial credit by the company applicant now and later, AGREE, in accordance with the provisions of Section 18K(1)(b) of the Privacy Act 1988, to your obtaining, now and later, from a credit reporting agency a credit report containing personal credit information about me/us in relation to commercial credit provided or to be provided by you.
- 3 If you consider it relevant to collecting overdue payments in respect of commercial credit provided to me, I/WE AGREE, in accordance with the provisions of Section 18K(1)(h) of the Privacy Act 1988, to your receiving from a credit reporting agency a credit report containing personal information about me in relation to collecting overdue payments.
- 4 I/WE AGREE that, where this agreement relates to an application for commercial credit by a company for which we are guarantors and if you approve the company's application for credit, this agreement remains in force until the credit arrangements covered by the company's application ceases.
- 5 In accordance with the provisions of Section 18N(1)(b) of the Privacy Act 1988, I/WE AGREE that you may, now and later, give to and seek from any credit providers named as referees in my/our/the company's application and any credit providers named in a credit report issued by a credit reporting agency (and authorise you to inform them that they have permission to disclose), information about my/our/the company's credit arrangements and UNDERSTAND that this information can include any information about my/our/the company's credit-worthiness, credit standing, credit history or credit capacity which credit providers are allowed to give or receive from each other under the Privacy Act 1988.
- 6 I/WE UNDERSTAND that the information may be used for the following purposes:
 - To assess an application by ME/US or MY/OUR company (as the case may be) for credit
 - To notify other credit providers of a default by ME/US or MY?OUR company
 - To exchange information with other credit providers as to the status of this or the company's credit arrangements or MY/OUR guarantee (as the case may be) where I AM/WE ARE in default with other credit providers.
 - To assess MY/OUR credit-worthiness or the credit-worthiness of MY/OUR company.

Company (where applicable)

1 Applicant / Guarantor	2 Applicant / Guarantor
Full Name:	Full Name:
Signature:	Signature:
Date:	Date:

