



Franchise Application

*incomplete applications will not be considered

Dear Potential Franchisee,

Thank you for your enquiry regarding the CHATIME franchise opportunity.

CHATIME is committed to protect and respect your privacy. The purpose of this form is to collect the applicants certain personal information, in compliance with the Freedom of Information and Protection of Privacy Act and other applicable legislation (if any).

CHATIME uses these information applicants provided only for:

- Qualification purpose
- Further contacts

All the applicants' information would be work through by our franchise manager, the whole process would be taken about 1-3 working days, once the decision has been made, the applicant would receive the result within 24hours.

Qualified applicants will receive background and package information on the CHATIME franchise opportunity.

Should you require further details on the franchise opportunity, please do not hesitate to contact us.

Yours sincerely,

CHATIME Australia

Email: franchise@chatime.com.au

Web: www.chatime.com.au

Phone: 02 9283 0880

Fax: (+612) 9264 3330

CHATIME



Franchise Application

Personal Information	
Name:	
Address:	
City:	
Province/State:	
Country:	
Zip/Postal Code:	
Primary Contact:	
Telephone No:	
Fax No:	
E-mail Address:	
Age:	
Marital Status:	
No. of Dependents:	
Residence Status	
Current Visa Type	
Do you own your own home:	
Drivers License number:	
Hobbies, community activities, or special interests:	
Suburb for Franchise:	



Franchise Application

Company Information	
Date of operation:	
Company Address:	
Type of Company:	
Company Name:	
Company Officer(s) plan to Sign Franchise Contract:	

Work Experience Information	
Please list two most recent occupations held	
1. Employer's Name:	
Type of Company:	
Address:	
Position Held:	
Period of Employment	From _____ To _____
Annual Income	
2. Employer' Name:	
Type of Company:	
Address:	
Position Held:	
Period of Employment	From _____ To _____
Annual Income	



Franchise Application

Previous Business Experience	
Please list recent or previous business held	
Business Name:	
Type of Business:	
Address:	
Franchise or not:	
Incorporation Time	From _____ To _____
Gross Annual Profit	

Education Background	
Highest Qualification:	
Major Information:	
Year of Award:	
Other Qualification:	

Details of Specific Experience	
Business Experience:	
Management:	
Sales Experience:	
Accounting/Bookkeeping:	
Associate:	
Other:	



Franchise Application

Financial Statement	
Assets	
Deposit/Cash at bank	Bank Loans
Shares/Bonds	Other Loans
Accounts Receivable	Accounts Payable
Real Estate (Invest & Home)	Property Mortgage
Motor Vehicle	Other Debts
Other Assets	
Total Assets	Total Liabilities

Personal Reference	
1.Name:	
Relationship:	
Preferred Contact No.:	
2.Name:	
Relationship:	
Preferred Hour Contact No.:	



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Company Reference	
1. Company Name:	
Contact Person:	
Position:	
Business Contact No.:	
2. Company Name:	
Contact Person:	
Position:	
Business Contact No.:	

Will you be able to devote all your working time to the CHATIME franchise business?

Yes/No

If Not, What percentage will you contribute? _____ %

Declaration

I certify that the information contained in this Application Form is true and correct:

SIGNED: _____ DATE: _____

Submitting this Application Form does not obligate either party in any way.