



FRANCHISE APPLICATION

Confidential

Applicant's Name

Date

NOTE:

The information submitted on this form will be treated by Costa Limited as strictly private and confidential.

Please help us by completing all sections carefully and thoroughly. This form will help you prepare and present personal information that is essential for our consideration in granting a franchise. The completion of this application form places no continuing obligation on either Costa Limited or you.

Costa Limited welcomes applications from all sectors of the community regardless of gender, marital status, disability or ethnic origin.

PART A – GENERAL INFORMATION

Full Name: _____

Home Address: _____

_____ Post Code: _____

Home Phone: _____ Business Phone: _____

Mobile: _____ Email: _____

Previous Address (if less than 4 years at current address): _____

Nationality: _____ Date of Birth: _____

Marital Status: _____ Spouse's Name: _____

Names and Ages of Dependents: _____

Do you have a current driving licence? Yes No

In which geographic area would you be most interested in running a Costa Coffee Franchise operation?

Scotland North Wales South Wales The North East The North West

The Midlands East Anglia London The South East The South West

Would you be prepared to relocate? Yes No

Have you ever worked at Costa Coffee before? Yes No

Have you any relatives who are employed by Costa Coffee? Yes No

If yes, describe _____

Are you, your relatives or your employer providing products, goods or services to Costa Coffee or Franchisees of Costa Coffee? Yes No

If yes, explain _____

INTERESTS: List any hobbies, community activities or other interests:

PART B – EDUCATION

HIGHER EDUCATION, i.e. education since leaving school. Please include professional qualifications.

Course Description	Qualifications	Year	Name and Address of Institution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECONDARY EDUCATION, i.e. to normal school leaving age, 16 or 18.

Subjects Taken	Qualifications	Year	Name of School / College
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART D – FINANCIAL STATEMENT

PERSONAL FINANCIAL STATEMENT

Salary Wages (for most recent 12 months): _____

Bonus, Commission: _____

Dividends, Interest: _____

Property Income: _____

Business Profits: _____

Other Income (please specify): _____

Spouse Income: _____

Total: _____

Do you have any other business interests? Yes No If yes, please describe _____

ASSETS £

Cash on Hand in Banks: _____

Securities, Shares, Unit Trusts: _____

Bonds and Debentures: _____

Notes, Accounts Receivable: _____

Property – Current Market Value: _____

Net Value of Business Interests: _____

Other – Car and Personal Property: _____

Total Assets: _____

Net Worth (Assets less Liabilities): _____

LIABILITIES £

Loans Payable – Bank: _____

Loans Payable to Friends/Family: _____

Accounts and Bills Due: _____

Property Mortgages: _____

Other Debts or Obligations: _____

Total Liabilities: _____

GENERAL INFORMATION

How much free capital do you have available to invest in a Costa Coffee Franchise? _____

Have you or your spouse ever declared personal bankruptcy? If yes, please explain: _____

Have you ever had a business failure? If yes, please explain: _____

BANK DETAILS

Full Postal Address: _____

_____ Post Code: _____

Account Holder's Name: _____

Account Number: _____

PART E – GENERAL INFORMATION

How and where did you hear about Costa Coffee Franchising opportunities? _____

Why do you think you are suited to becoming a Costa Coffee Franchisee? _____

In which areas would you have to improve to become a successful Franchisee? _____

Will you devote your full time to the business? Yes No

HISTORY OF CONVICTIONS. Have you ever been convicted of a criminal offence (which is not a spent conviction within the terms of the Rehabilitation Act 1974)?

Yes No

If yes, please give details _____

MEDICAL HISTORY. Please give below details of any illnesses, operations or accidents, giving dates.

Date	Details
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have you ever suffered from, or been a carrier of, typhoid, paratyphoid or other salmonella infection, amoebic dysentery, staphylococcal infection or any disease likely to give food poisoning?

Yes No

If yes, please give details _____

I hereby declare that, to the best of my knowledge and belief, the above statement and particulars are true and complete. I also authorise you to make any enquiries you consider necessary in connection with this application. I undertake to furnish any alterations to the above particulars should I apply for further credit at any future time. I am aware that, should this application be refused, no reason need be given.

I understand that any misrepresentation of factual information requested on this application form may be a cause for removal from the Costa Coffee system.

Signature: _____

Date: _____

Signature: _____

Date: _____