



Kraken Window Cleaning

ABN 70 108 674

4 Avon Rd, Rye VICTORIA 3941 - Mornington Peninsula

Mob: 0407 620 143 Email: leigh@krakenwindowcleaning.com.au

Please insert your recent photograph here.

Franchise Application Form

Recommended by (if any): _____ Contact No. / Mobile / Email: _____

Note: Completing this form does not place any obligation on the applicant to purchase or the franchisor to sell the franchise to the applicant. To expedite processing of your application, please ensure that all the information is provided as requested. Where information is not available or applicable, please indicate accordingly. All information will be kept strictly confidential.

Franchise Applicant's Personal Particulars

Date of application: _____

Full Name: _____
(As per Drivers License)

Home Address: _____
(Please indicate local address only)

Mobile Tel Number: _____ Home Tel Number: _____

Date of Birth: _____ E-mail Address: _____
(Please write clearly)

Nationality / PR Status: _____ Sex: Male / Female Marital Status: _____
(Only Australian citizens or Permanent Residents may qualify) (Please delete where not applicable)

Educational Qualifications

Highest Educational Level: _____
(Please include year qualification was achieved)

Did you receive a degree from a University / College? _____
(Please delete where not applicable)

Details of qualifications: _____

Employment / Business History

(Please provide details of your employment status or business that you own)

Current Employer / Business Owned: _____
(Name of company)

Business Address: _____

Position: _____ Monthly Income: _____

Date Joined: _____ Date Left: _____

Describe Duties: _____
(For business owned, please describe business structure and duties)

2. Previous Employer or Other Business Owned: _____
(Name of company)

Business Address: _____

Last Position Held: _____ Monthly Income: _____

Date Joined: _____ Date Left: _____

Reason For Leaving: _____

Describe Duties: _____
(For business owned, please describe business structure and duties)

3. Previous Employer or Other Business Owned:

(Name of company)

Business Address:

Position:

Monthly Income:

Date Joined:

Date Left:

Reason For Leaving:

Describe Duties:

(For business owned, please describe business structure and duties)

Spouse's Particulars

Full Name:

(As per Drivers License)

Date of birth:

Mobile Tel Number:

Nationality:

Spouse's Employment

Current Employer / Business:

(Please provide details of your employment status or business that you own)

(Name of company)

Business Address:

Position:

Monthly Income:

Date Joined:

Date Left:

Describe Duties:

(For business owned, please describe business structure and duties)

General

If you have answered 'yes' to any of the following questions, please indicate the details in the space below:

Have you or your spouse ever been convicted of a criminal offence in any country?

Yes No

Have you or your spouse suffered any major illnesses or accidents within the last five years?

Yes No

Have you or your spouse ever voluntarily or involuntarily petitioned for bankruptcy?

Yes No

Are you or any of you immediate family members involved, directly or indirectly, in a similar window cleaning business?

Yes No

5. How many family members, relatives, friends or employees, you already have in mind to work on a full-time basis? _____

Name	Relationship To You	Current Job
1.		
2.		
3.		
4.		

Note: You may wish to attach a separate sheet if any space in the form is insufficient and/or attach your resume.

Declaration

I do hereby represent that all of the above answers are true and complete to the best of my knowledge and belief.

I recognise that Kraken Window Cleaning is not in any way obligated to franchise a business to me because of our execution of this document. I acknowledge that any false statement on this application shall be considered sufficient cause to deny any further consideration or cause revocation of any signed agreement with Kraken Window Cleaning.

I understand that an inquiry regarding my character, general reputation, personal characteristics, financial background and general fitness for being a Kraken Window Cleaning franchisee may be made as a result of this application.

In addition, by signing below I release any and all former and / or present employers, and any other personal or business references, from any liability whatsoever in connection with Kraken Window Cleaning's attempts to investigate my background and determine my fitness to become a franchisee. I hereby authorise the release of any and all documents, records, and other information pertaining to me to Kraken Window Cleaning. A copy of this authorisation may be used in place of and shall be valid as the original.

I understand that this application is considered active for 30 days from the date below. I understand that Kraken Window Cleaning reserve the right to reject my application without assigning any reasons whatsoever.

I confirm that I will immediately notify Kraken Window Cleaning of any changes to my personal data or any other information contained in this form. By completing this form, I consent to your collection, use, and disclosure of my personal data for the purposes of evaluating the franchise application, and if my franchise application is approved, then for the further purposes of:

- (i) managing or terminating the franchise relationship; and
- (ii) conducting any other business or legal matters related (directly or indirectly) to the franchise relationship and/or operation of the Kraken Window Cleaning business.

Applicant's Signature & Date

Spouse's Signature & Date



Thank you for taking the time to submit this application. We are excited at the prospect of helping you achieve your family, business, and financial goals with your own Kraken Window Cleaning Franchise.

Please submit as a PDF attachment to: leigh@krakenwindowcleaning.com.au
Subject: APPLICATION