



FRANCHISE APPLICATION FORM

Thank you for showing your interest to become a valued business partner of Nexus Consultants. Please fill below required information.

INTERESTED IN:

- Master Franchise (State Level)
- Regular Franchise (City Level)

CONFIDENTIAL

This application form is to be completed by the applicant for the franchise of Nexus Consultants. The information submitted on this form will be treated strictly private and confidential.

Please help us by completing all sections thoroughly and use additional pages/appendices as necessary. This form will present information that is essential for our consideration in granting franchise.

Completion of this application form places no continuing obligation on either Nexus Consultants or you. (But of course we hope it will have a happy outcome for all!)

SECTION A – PERSONAL INFORMATION

1. Personal Details

Title	
Full Name	
Street Address	
City/Town	
Zip/Postal Code	
State	
Country	



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Telephone	
Mobile	
Fax	
Best Time to Call	
Email Address	
Nationality	
Date of Birth	(DD/MM/YYYY)
Marital Status	

2. BUSINESS EXPERIENCE

- 2.1 Have you had any previous experience in the foreign education and travel industry? If yes – please describe:
- 2.2 Will this franchise be owned and operated by yourself – or by a group? If a group – please give information of other investors:
- 2.3 Please give us information on your work profile:



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SECTION B – BUSINESS ORGANIZATION

3. Franchise Business

3.1 Why are you interested in becoming valued business partner of Nexus Consultants?

3.2 Why do you think you will make an ideal Nexus Consultant franchise?

3.3 Will you be utilising a company that currently exists to take on the franchise?

3.4 Does the operating company or do you now have a person at your disposal that is in a position to assume responsibility for the day to day management of the franchise business?

SECTION C – FINANCIAL RESOURCES

4. General Information

4.1 How much unencumbered capital do you have to invest in Nexus Consultants Franchise?

4.2 How much capital, if any, will you have to borrow?

4.3 Do you have a source of financing? If yes – how much financing is available?



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SECTION D – EDUCATIONAL QUALIFICATION

5. Highest Qualification earned by Applicant and all other management people going to be involved in business (If possible, please attaché updated Resume)

By signing below, the applicant certifies that all information provided herewith is true and accurate to the best of his knowledge. If the applicant is found to have wilfully provided misleading information, his application for the franchise and its subsequent award, if any, may be deemed null and void.

Signature	Date
Name of Applicant	Place
Position	