



## APPLICATION – QUESTIONNAIRE

TO BE COMPLETED AND FORWARDED BACK TO [operations@drssa.co.za](mailto:operations@drssa.co.za)

*Name*

*Cellular Number:*

*Home Number:*

*Office Number:*

*Fax Number:*

*Email Address:*

*ID Number:*

*Physical Address:*

- 1. What businesses are you currently engaged in?*
- 2. Which City, Town and Suburb are you interested in? (Please be specific)*
- 3. Why are you interested in the specific area?*
- 4. Have you ever managed personnel?*
- 5. Have you ever managed a Debt Counselling office?*
- 6. What Debt Counselling Experience do you have?*
- 7. Have you ever worked in a Franchise system?*
- 8. Why do you want to own a Franchise?*
- 9. Why do you want to own a DRS Franchise?*

10. *What do you expect from the DRS franchise system?*
11. *Do you have finance available to purchase a DRS franchise?*
12. *Will you be managing the Debt Counselling office?*
13. *When would you like to open your Office?*
14. *Do you have partners? If so, identify them and what their roles will be:*
15. *Are you or your family involved in other businesses or franchise systems?*
16. *Will you be involved part time or full time?*
17. *Provide a motivation as to why you should be considered:*
18. *If your initial application is successful, would you be willing to provide comprehensive financial details about yourself?*
19. *If your application is successful would you be willing to provide a comprehensive business plan for the envisaged operation?*
20. *Have you identified a premises or are you using existing premises, if existing what other business do you operate on the premises?*
21. *Are you a Qualified Debt Counsellor – if yes supply debt Counsel Number:*
22. *Are you currently under debt review?*
23. *Can we do a credit check on you?*

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Name

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Date

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Signature

*Any additional comments?*