

APPLICATION PHASE 3 – QUESTIONNAIRE

TO BE COMPLETED AND FORWARDED BACK TO jean@drssa.co.za

First name:

Last name:

Cellular Number:

Home Number:

Office Number:

Email Address:

What businesses are you currently engaged in?

Which City/Town/Suburb are you interested in?

Why are you interested in the specific area?

Have you ever managed personnel?

Have you ever managed a Debt Counselling office?

What Debt Counselling Experience do you have?

Have you ever worked in a Franchise system?

Why do you want to own a Franchise?

Why do you want to own a DRS Franchise?

What do you expect from the DRS franchise system?

How much free or unencumbered capital do you have to purchase a DRS franchise?

Will you be managing the Debt Counselling office?

When would you like to open your Office?

Do you have partners? If so, identify them and what their roles will be:

Are you or your family involved in other businesses or franchise systems?

Will you be involved part time or full time?

Provide a motivation as to why you should be considered:

If your initial application is successful, would you be willing to provide comprehensive financial details about yourself?

If your application is successful would you be willing to provide a comprehensive business plan for the envisaged operation?

Have you identified a premises or are you using existing premises, if existing what other business do you operate on the premises?

Are you a Qualified Debt Counsellor – if yes supply debt Counsel Number:

Any additional comments?