



## **Agent Application Form**

Full Name of the Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E – Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ ID No. \_\_\_\_\_

Marital Status \_\_\_\_\_ Citizenship \_\_\_\_\_

### **Employment History**

Your current Employment or Businesses \_\_\_\_\_

If franchisee then details of the franchise business \_\_\_\_\_

\_\_\_\_\_

Investment Capabilities (money to be invested)

**Do you have R3000 to invest in your detergent refill business?** \_\_\_\_\_

Type of Business:

Pty. Ltd.  Close Corporation  Partnership  Individual

### **Interests and Opportunities**

Do you have any prior experience in selling consumable products? If yes, please give the details

\_\_\_\_\_

\_\_\_\_\_

Will you be able to give your fulltime commitment in running a successful Triple Happy franchise?

\_\_\_\_\_

**Information of Property**

The following details are important for the consideration in granting a Franchise

**Location of the property**

(Please specify the location details)

Name of City/Township/Village \_\_\_\_\_ Province \_\_\_\_\_

Address: \_\_\_\_\_

Whether in (Please tick and give details)

Mall  \_\_\_\_\_

Street Market  \_\_\_\_\_

Residential Market  \_\_\_\_\_

Shopping Center  \_\_\_\_\_

Home  \_\_\_\_\_

Others (Specify)  \_\_\_\_\_

Area in sq ft \_\_\_\_\_

Whether the property is

Leased  Owned  Rented

If rented then Rent and lock in period \_\_\_\_\_

Property approved by Municipal Corporation Authorities Yes  No

If yes, please state

Nature of Property (Commercial / Residential) \_\_\_\_\_

**Operations specific details**

Drainage Yes  No

Electric load capacity Yes  No

Parking Space Yes  No

Signage Area Yes  No

I declare that all the information given in this application is correct and I authorize Triple Happy to conduct its own enquiries as to ensure the accuracy of these statements.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form together with a copy of your ID and Proof of address to [info@tripleshine.co.za](mailto:info@tripleshine.co.za) , or Fax to: **0866100337**. For more info please call Sharon at **0835479131/0813460624**. If your application is approved you will be notified by an SMS and an email, which you then must pay the **R3000.00** to receive your business package.