



## CO MANUFACTURE AND DISTRIBUTION APPLICATION FORM

This application is kept confidential. Neither party is bound in any way by its submission of this Application. This Application must be completed in full and returned to receive further contact and information from Lusahn Dog Food. Please type or print clearly and attach additional documents or schedules, if necessary, to provide full disclosure.

Lusahn Pet Products; PO Box 1081; Malmesbury; 7299 email : [Lusahn@telkomsa.net](mailto:Lusahn@telkomsa.net) fax 088 022 485 7310

### PERSONAL INFORMATION

**Full names** \_\_\_\_\_ **Identity number** (attach certified copy) \_\_\_\_\_

### Current Residential Address

Street \_\_\_\_\_ Suburb \_\_\_\_\_  
City \_\_\_\_\_ Code \_\_\_\_\_

### Previous Residential Address (if less than 2 years at current residential address)

Street \_\_\_\_\_ Suburb \_\_\_\_\_  
City \_\_\_\_\_ Code \_\_\_\_\_

### Postal Address

Street \_\_\_\_\_ Suburb \_\_\_\_\_  
City \_\_\_\_\_ Code \_\_\_\_\_

### Contact Details

Telephone (Home) ( ) \_\_\_\_\_ Telephone (Work) ( ) \_\_\_\_\_

Cellular Phone ( ) \_\_\_\_\_ Email address \_\_\_\_\_

**Marital Status**  Single  Married Other \_\_\_\_\_

Number of dependants (Please tick)  1  2  3  4  5

**Spouses Full Name** \_\_\_\_\_ **Identity number** (attach certified copy) \_\_\_\_\_

**Language of Preference** \_\_\_\_\_

**BUSINESS INTEREST**

How did you become interested in a Lusahn Dog Food Franchise and why?

\_\_\_\_\_

Have you ever owned or had an interest in any operation within the Pet industry? \_\_\_\_\_

If yes, please give details \_\_\_\_\_

What percent of the business will you own? \_\_\_ %

Will you work in the business full time? Yes (\_\_\_) No (\_\_\_)

If no, please explain: \_\_\_\_\_

Who will be responsible for the day-to-day operations? \_\_\_\_\_

Will you have a business partner? Yes (\_\_\_) No (\_\_\_) If yes, please give name of each partner

1 \_\_\_\_\_ 2 \_\_\_\_\_

**LOCATION/AREA PREFERENCES**

1<sup>st</sup> preference \_\_\_\_\_ 2<sup>nd</sup> Preference \_\_\_\_\_

( Free State, Eastern Cape, Kwazulu Natal, East Rand, West Rand, Gauteng North (PTA Incl.), Gauteng South, etc. )

**EMPLOYMENT HISTORY**

May we contact your present employer? Yes (\_\_\_) No (\_\_\_)

**Current**

Name of firm: \_\_\_\_\_

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

Type of business: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

**Previous**

Name of firm: \_\_\_\_\_

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

Type of business: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

Describe any training in sales, management or retailing:

\_\_\_\_\_

Have you ever been self-employed? Yes (\_\_\_) No (\_\_\_) If yes, please explain

\_\_\_\_\_

### PERSONAL REFERENCES

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

Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_

The undersigned certifies that the information furnished in this Application is a true and correct statement of my (our) financial condition and personal details on the date indicated. I (We) agree to notify you immediately in writing of any material change in said condition. I (we) also authorize Lusahn Dog Food, its affiliates and their authorized suppliers to make whatever investigations and inquiries they may consider necessary to obtain all relevant character/credit information, records of criminal offenses and to release to prospective financing sources such financial and other information concerning me (us) in its files as may be requested.

I fully understand that in order to secure my site/area I will be required to submit the full up front fee when agreeing and signing the final co manufacture contract. I do understand this document is an application only and not binding on any party.

By my signature hereto I acknowledge that during the course of discussions with Lusahn, I will become aware of information pertaining to the Lusahn Dog Food which will be disclosed to me after signature of this application form and receipt by Lusahn of an acceptable credit check result, which, if disclosed to third parties or competitors would be harmful to Lusahn. I undertake during the currency and after termination of discussions with Lusahn in regards to Lusahn Dog Food that I will take all reasonable steps at all times to ensure that discussions with Lusahn in regards to Lusahn Dog Food shall be treated as confidential and not to be discussed to any third party or competitor at any stage.

I acknowledge that should my application be unsuccessful, or on receipt of a written request for the return of the information to Lusahn at any stage, I shall be obliged to immediately return any and all copies of the information, and to return or destroy any document in my possession or control containing any portion or extract of the information.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_