



Application Form

BP FRANCHISE/DEALERSHIP

PERSONAL DETAILS OF APPLICANT

| | | | |
|------------|--|---------|--|
| First Name | | Surname | |
|------------|--|---------|--|

| | |
|--------------------------------|--|
| Physical Adresse (Residential) | |
| | |
| | |
| Code | |

| | |
|--|----|
| What is the proximity of your residential address to the Site that you are applying for? | km |
|--|----|

| | |
|-----------------|--|
| Postal Address: | |
| | |
| | |
| Code | |

| | |
|---------------|--|
| Tel Nr (Home) | |
|---------------|--|

| | |
|---------------|--|
| Tel Nr (Work) | |
|---------------|--|

| | |
|-------------|--|
| Cellular Nr | |
|-------------|--|

| | |
|----------------|--|
| Email address: | |
|----------------|--|

| | |
|-------------|--|
| Identity Nr | |
|-------------|--|

| | |
|----------------|--|
| Date of Birth: | |
|----------------|--|

| | |
|--------------|--|
| Nationality: | |
|--------------|--|

| | |
|--|-------------|
| Are you prepared to accept long and irregular working hours? | YES NO |
|--|-------------|

| | |
|---|-------------|
| Do you have the support of your immediate family? | YES NO |
|---|-------------|

EDUCATION AND QUALIFICATIONS

| | |
|--------------------------|--|
| Name of Secondary School | |
|--------------------------|--|

| | |
|---------------|--|
| Date Attended | |
|---------------|--|

| | |
|--------------------|--|
| University/College | |
|--------------------|--|

| | |
|---------------|--|
| Date Attended | |
|---------------|--|

| | |
|----------------|--|
| Diploma/Degree | |
|----------------|--|



| OTHER ACADEMIC QUALIFICATIONS | |
|--------------------------------------|--|
| Name of Institution | |
| Course Name: | |
| Outcome (Pass/Fail) | |
| Professional Qualification | |

| EMPLOYMENT/WORK HISTORY | |
|---|--|
| Current Employer Name: (if self-employed, please describe in detail) | |
| Address | |
| Position/Title | |
| Date Commenced: | |
| Main Responsibilities: | |
| Current Salary (per annum) | |
| Bonus: | |
| Pension: | |
| Annual days leave | |
| Other company benefits | |



| | |
|---|--|
| Previous Employer Name: (Cover only the last 15 years) | |
| Address | |
| | |
| | |
| | |
| Position/Title | |
| Date Commenced: | |
| Main Responsibilities: | |

| | |
|---|--|
| Previous Employer Name: (Cover only the last 15 years) | |
| Address | |
| | |
| | |
| | |
| Position/Title | |
| Date Commenced: | |
| Main Responsibilities: | |



| | |
|---|--|
| Previous Employer Name: (Cover only the last 15 years) | |
| Address | |
| | |
| | |
| | |
| Position/Title | |
| Date Commenced: | |
| Main Responsibilities: | |



| | |
|--|--|
| <p>Have you ever owned or worked in a business similar to the proposed franchises apart from any information given above? YES NO</p> <p>If YES, please give details. Detail any other relevant experience.</p> | |
|--|--|

| Have you ever had experience in the following areas? | |
|--|--|
| Handling Cash | |
| Staff Management & Recruitment | |
| Analyzing Cash Flows | |
| Stock Control | |
| Retail/Selling to the public | |
| Working with Financial Statements | |
| Working weekends | |



| FINANCIAL INFORMATION | |
|---|--------|
| <div style="background-color: #cccccc; height: 20px;"></div> | |
| How much of your own capital do you intend to invest? | |
| How much will be borrowed capital? | |
| How many hours per week are you willing to spend at the service station? | |
| Are you pursuing other business opportunities as well | YES NO |
| If YES above, in which industry are you pursuing other opportunities? | |
| If your application for the BP Franchise or Dealership is not successful, what are your future plans? | |
| Have you, or your spouse, or any business entity in which you jointly or separately owned interest, been involved in bankruptcy, insolvency proceedings or any compromised offers with creditors? | YES NO |
| If YES, give full details: | |
| Have you or your spouse ever had a judgement in respect of a debt recorded against you? | YES NO |
| If YES, give full details | |



FINANCIAL INFORMATION

BANKING DETAILS (Business)

| | |
|----------------------------|--|
| Banking Institution | |
| Account Holder | |
| Account number | |
| Branch Code | |
| Type (Savings/Current etc) | |

BANKING DETAILS (Personal)

| | |
|----------------------------|--|
| Banking Institution | |
| Account Holder | |
| Account number | |
| Branch Code | |
| Type (Savings/Current etc) | |

If your present funds are less than required to purchase a service station, how do you propose to finance the venture?

| Present Income (Annually) | | Present Expenditure (Annually) | |
|---------------------------|---|----------------------------------|--------|
| Wage/Salary after Tax | R | Monthly Mortgage/Rent repayments | R |
| Bonus/Commission | R | Monthly Loan repayments | R |
| Dividends | R | | |
| Property income | R | | |
| Other income (Details) | R | Other (Details) | R R |
| TOTAL | R | | R |



FINANCIAL INFORMATION

| Assets (Cash in Banks/Building Society) | | Liabilities | |
|---|---|----------------------------------|---|
| Bank: | R | Current Overdraft: | R |
| Branch: | | | |
| Type Account: | | | |
| Bank: | R | Current Overdraft: | R |
| Branch: | | | |
| Type Account: | | | |
| Investments (net realizable value of shares, bonds, unit trusts, insurance etc). List: | | Hire Purchase repayment | R |
| | R | Monthly Personal Loan Repayments | R |
| | R | Other Loan Repayments | R |



| Other Assets | | Other Liabilities | |
|---|---------------------|---|----------------|
| Monies due to you: (Details). | R R R | Loan guaranteed for others (Details) | R |
| Property (Market value) | R | Mortgage Payable | R |
| Market Value of Business (If applicable) | R | Any other debts: (Details) | R R |
| Any other assets (Details): | R | | |



MANAGEMENT STRUCTURE

Would the business be managed as a Closed Corporation, Private/Public company, Partnership or by yourself as Sole Proprietor? Complete relevant section in detail:

Closed Corporation

Name and registration number of Closed Corporation:

Please list full names, surnames and ID nr's of all members:

FULL NAME: Shareholding proportion: %

SURNAME

ID NR:

FULL NAME: Shareholding proportion: %

SURNAME:

ID NR:

FULL NAME: Shareholding proportion: %

SURNAME:

ID NR:

Partnership

Name and registration number of Closed Corporation:

Please list full names, surnames and ID nr's of all members:

FULL NAME:

proportion: %

ID NR:

FULL NAME:

proportion: %

ID NR:

FULL NAME:

proportion: %

SURNAME:

proportion %

ID NR:

Sole Proprietor

Trading Name of Sole Proprietor:



REFERENCES

Business/Work

(If self-employed -customer/client)

Name:

Job Title:

Company Name:

Contact Numbers:

Financial

(If self-employed -customer/client)

Name:

Job Title:

Company Name:

Contact Numbers:

I am applying for the following opportunity:

Signature:

I understand that the purpose of this application is for information only. It is no way binding upon BO (the Franchisor), or me (potential Franchisee). I understand and grant BP permission to contact me referees, previous employers and agencies to verify my credit and criminal records. I certify that all the information given above is correct.

Full Names and Surname of Applicant:

Signature of Applicant:

Date:

Please note that if you are interested, please provide proof of funding" with your application.

Only shortlisted candidates will be contacted. Should you not hear from us within 14 days after closure of the receipt of applications.



In addition, the following documentation needs to be submitted to Supportretail1@bp.com

- Application form
- Certified ID Copy
- Company documents
- Shareholding Certificate
- Proof of residence