STRICTLY PRIVATE & CONFIDENTIAL WHEN COMPLETED

ROBERT HARRIS NEW ZEALAND - EST 1952 --

Robert Harris Café

(A division of UCC Coffee New Zealand limited)

Franchise

Application

Form

UCC Coffee New Zealand Limited 23 Allens Road, East Tamaki, Auckland 2013 Private Bag 93230, Parnell, Auckland 1151 NEW ZEALAND Telephone: +64 9 941 4600 Website: www.robertharriscafe.co.nz

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Sections

- Confidentiality Undertaking: During the recruitment process you will come across confidential and sensitive information. Please read and obtain legal advice if required before executing this document.
- Authorisation for the Collection and use of Personal Information: This document authorises UCC Coffee New Zealand Limited to collect information regarding your application. Please read and obtain legal advice if required before executing this document.
- Personal Details: The section when completed will tell us a little about you and your business experience, you may wish to add additional pages if required or attach your C.V. Please advise us immediately if there are any changes to this information.
- Professional Advisor's Details: We may need to speak to some of your advisors at some stage. This section will help us make contact with them if required.
- Details of Trusts: If you have a family trust where your assets are being held and or intend the trust to be the owner of any shareholding of the company of the Robert Harris Café Franchise, then please complete this section.
- > **References:** This section requires three credit referees and two personal / business referees.
- Additional Remarks / Further Information: If you have information that may assist us in evaluating your application then please detail it in this section. Important information is contained in the Further Information section.
- Statement of Personal Financial Position: As part of the recruitment process we also need to know your personal financial position and what assets you have to support the purchase and funding of a Robert Harris Café franchise. Please complete all sections with as much detail as possible.
- Additional Information Required: This is a checklist of all the documentation that must accompany your completed application form, ensure you tick what has been included and if not applicable indicate "n/a" in the boxed area instead.
- Funding / Application Execution: If you do not appear to have sufficient capital to fund the purchase of a franchise, please detail how you intend to raise the capital required. By completing the execution section you are verifying that all the information contained in this booklet and application is true and correct. Please execute by signing and dating this section.

TO: UCC Coffee New Zealand Limited ("the Company")

In consideration for the disclosure to me during the recruitment process for a Robert Harris Café ("Robert Harris Café") franchisee of certain confidential information regarding Robert Harris Café and its franchisee's, I give the following undertakings with the understanding and intent that they will be relied on by the Company.

- 1. I will keep confidential all confidential information that is disclosed to me during the recruitment process and I will not, without the prior written consent of the Company;
 - a) Directly or indirectly permit disclosure of any of the confidential information to any person, or
 - b) Use the confidential information in any way other than for the sole purpose of determining whether I wish to become a Robert Harris Café franchisee under the Company's franchise programme, or
 - c) Use the confidential information in a way which is directly or indirectly in competition with the Company or its franchisees or assist any other person to use it in a way which is directly or indirectly in competition with the Company or its franchisees.
- 2. Without limiting the generality of the term confidential information, I acknowledge that the term is used in this undertaking to include all information disclosed directly or indirectly to me including all information contained in the franchise agreement and the franchise manual, and all information which otherwise becomes known to me through my involvement with the Company's franchisee recruitment programme. The term includes but is not limited to, information relating to the preparation, production, distribution, merchandising, promotion and sales of the Company's products and the term includes the marketing strategies, pricing and financial activities of the Company and its franchise system. Confidential information excludes information which is publicly known or which becomes publicly known after the date of this agreement, other than through the breach or non-performance by me of any of my undertakings under this agreement.
- 3. I will, upon demand of the Company, return to it or destroy (at the Company's option) all confidential information (including all copies or reproductions of the confidential information) in my possession or control together with all information and documentation containing, comprising or relating in any way to the confidential information.
- 4. I understand that any unauthorised disclosure by me of the confidential information may result in the Company suffering loss or damage and I acknowledge that I will be liable to the Company for any such loss or damage suffered by the Company or its franchisees as a result of such unauthorised disclosure.
- 5. In the event that I disclose any confidential information to my advisors I agree:
 - a) To make only such disclosure as is necessary to enable such advisors to evaluate the franchise proposal and advise me accordingly.
 - b) To ensure that any such advisors are aware of the confidentiality of the information and the existence and terms of this confidentiality undertaking.
 - c) To obtain assurances from the advisors that they will maintain the confidentiality of the information and will not use the information for any purpose other than that which is necessary to enable them to fulfill their obligations owed to me in their capacity as advisor.
 - d) I will indemnify the Company for any damage, loss or expense claimed, incurred or suffered by the Company that results from the disclosure of confidential information to any such advisor.
- 6. I further understand that my obligations to the Company in terms of this undertaking survive the termination of the recruitment process.

Applicant's Signature:	×			- E)
Dated	the	day of	20	

Authorisation for the Collection and use of Personal Information

I,

(Full name of Applicant)

of ______ (Street No. and Name)

(Town / City)

authorise UCC Coffee New Zealand Limited ("UCC Coffee") to obtain at any time from any person or entity, including but not limited to those persons nominated below, any information it may require to ascertain my creditworthiness and/or character. I understand that this information may include, but shall not be limited to, credit reports, financial statements, and character references. I authorise any person or entity holding such information concerning me to release such information to UCC Coffee.

I acknowledge that:

- 1. Personal information collected or held by UCC Coffee is provided and may be held, used and disclosed to enable UCC Coffee to assess my suitability for the position of franchisee with the Robert Harris Café Franchise System.
- 2. Personal information collected will be held by UCC Coffee at:

23 Allens Road, East Tamaki Auckland 2013 NEW ZEALAND Telephone: +64 9 941 4600

3. I have the right under the Privacy Act 1993 to obtain access to and to request correction of any personal information about me that is held by UCC Coffee.

Signed by:	×		
Dated	the	day of	20

Personal Details

Your Full Name:					
Home Address:	(first)	(secor	nd)		(surname)
Street No. and Name					
Suburb					
Town / City					
How long have you lived at your pre	esent address:			Years	Months
Telephone Numbers:					
Home No. ()		Mobile No.	()	
Business No. ()					
Email Address:					
Previous Address:					
Street No. and Name					
Suburb					
Town / City					
How long at previous address:				Years	Months
Personal Information					
Date of Birth:					
General Health:					
Spouse / Partner's Name:					
Their Date of Birth:					
Their General Health:					
Age(s) of Children:					

Will spouse / partner be active in the business:

Are there any factors that may limit your ability to meet obligations as a franchisee? If so, please give details (e.g. health considerations, other commitments etc)

Have you ever been convicted of anything other than a minor traffic infringement? If so, please describe.

List any hobbies, community activities, sports and special activities etc.

Educatio	n	
	College / High School:	
i cui s uc.	Technical Institute:	
	University:	
Qualificati	ons / Diplomas / Certifica	tes held, and where gained:
Employm	nent and / or Business	Experience
Present O	ccupation / Business:	
	n Held:	
	any Name:	
	s Details:	
Addres		
Describe	lution much and of mouse	
Describe o	auties, numbers of persor	ns supervised, responsibilities, etc

Previous Employment History: (show exact names and addresses for the last 5 years or 5 positions:

From:	to:
Company Name	& Address:
Type of Business	/ Position:
From:	to:
Company Name	& Address:
Type of Business	/ Position:
From:	to:
Company Name	& Address:
Type of Business	/ Position:
From:	to:
Company Name	& Address:
Type of Business	/ Position:
From:	to:
Company Name	& Address:
Type of Business	/ Position:

Business Experience

Have you ever been self-employed? If YES, please describe.

General Information

Will you devote your full time to this business?

If not, please state how you propose to operate the business:

Partner's Full Name: Home Address: Street No. and Name Suburb	(first)	(secc	nd)		(surname))
Town / City						
Telephone Numbers:						
Home No. ()	l	Mobile No.	()			
Business No. ()						
Your % of the business:						
Partner's % of the business:						
Will he /she devote his / her full tim		your own?				
Have you contacted any past or exis	sting Robert Harris	Café franchisee	es seeking inf	ormation		
Please tick 🗹			YES		NO	
If YES, Who						
Do you like coffee? Please tick 🗹 Why do you like or dislike coffee?			YES		NO	

Are you related by blood or marriage to any director or employee of Robert Harris Franchising or UCC Coffee New Zealand Limited? If so, please give name and position.

Professional Advisor's Details

Solicitor Details: Contact Name: Company Name: Address:	
Telephone No. () Email Address:	Facsimile No. ()
Accountant's Details: Contact Name: Company Name: Address:	
Telephone No. () Email Address:	Facsimile No. ()
Business Advisor's Details: Contact Name: Company Name: Address:	
Telephone No. () Email Address:	Facsimile No. ()
Bank's Details: Contact Name: Bank and Branch Name: Address:	
Telephone No. () Email Address:	Facsimile No. ()

Details of Trusts

Is the Ap	oplicant a Trustee	e of a Trust?	Please tick 🔽	1	YES		NO	
	If yes, please pro	ovide the follo	owing details:					
	Name of the Tru	st:						
	Date of creation	of the Trust:						
Is the Tr	rust a unit Trust?	Please tick	\checkmark		NO		YES	
	If NO, please pr	ovide the nar	nes of the spec	cified beneficiarie	s and add	litional na	amed ben	eficiaries:
	If YES, provide	the names of	the unit holde	rs:				
	Are the unit hold	lers a Trustee	e or Trustees of	f a Family Discret	ionary Tr	ust? Ple	ease tick	
	If YES, provide	the names of	specified Bene	ficiaries and any		I named		ries:

References

Please	provide three	(3) cı	redit	referees (if applicable)			
Co	ompany Name:						
Co	ontact Person:						
Ac	ddress:						
	elephone No. mail Address:	()	Mobile No.	. ()	
Co	ompany Name:						
Co	ontact Person:						
Ac	ddress:						
	elephone No. mail Address:	()	Mobile No.	. ()	
Co	ompany Name:						
Co	ontact Person:						
Ac	ddress:						
	elephone No. mail Address:	()	Mobile No.	. ()	
Please	provide two (2	2) pei	rsona	al / business referees.			
Co	ompany Name:						
Co	ontact Person:						
Ac	ddress:						
	elephone No. mail Address:	()	Mobile No.	. ()	
Co	ompany Name:						
Co	ontact Person:						
Ac	ddress:						
	elephone No. mail Address:	()	Mobile No.	. ()	

Please make any additional remarks you feel are relevant to this Application:

Further Information

- > The Applicant agrees to provide any further information or documents requested by UCC Coffee New Zealand Limited in support of its Application.
- You may be asked by UCC Coffee to pay a non-refundable deposit of \$1,000 plus GST, where the company starts to incur costs associated with processing your application, in the event that you secure a Robert Harris Café franchise the amount will be deducted off the Initial Franchise Fee.
- > Your business partner may need to complete a separate application form if required.
- > Completing this application does not constitute a contract or is a commitment by UCC Coffee New Zealand Limited in granting a Robert Harris Café franchise.

Statement of Personal Financial Position

Statement of Financial Position as at / / 20

Liabilities	Owing	SCNZL Use
Overdraft		
Loans		
Credit Cards		
Borrowings		
Outstanding Accounts		
Loans on Life Policies		
Mortgages / Loans		
Owing to Assets Charged		
Hire Purchase		
Company Assets Concerned		
Taxation Due - / /		
(State type)		
Other Liabilities (Detail)		
Other Credit Cards		

Total Liabilities SURPLUS <u>TOTAL</u> – To agree with Total Assets	
CONTINGENT LIABILITIES (Guarantees to Banks & Others)	

Banks: - Cheque A/c - - Savings A/c - - Incentive Saver A/c - - Term Deposits - - Other A/c - Money Clubs / Finance Co. Deposits - Building Societies / Credit Unions - House Property Purchased / / / For \$ Insured for \$ Govt Valuation \$ Dated / // In Name of - Other Properties (detail): -	Assets	Owning	UCCNZL
Cheque A/c Savings A/c Incentive Saver A/c Term Deposits Other A/c Other A/c Term Deposits Other A/c Other A/c Term Deposits Savings Credit Unions House Property Purchased / / For \$ Insured for \$ Govt Valuation \$ Dated / / In Name of Other Properties (detail): Motor Vehicles: Make Model Year Make Model Year Make Model Year Govt, Local Body Stock, Bonds / Debt. F.V Shares, Registered Debentures / Notes Make Model F.V Shares nos. and company	Banks:		
 Savings A/c Incentive Saver A/c Term Deposits Other A/c Money Clubs / Finance Co. Deposits Building Societies / Credit Unions House Property Purchased / / For \$ Insured for \$ Govt Valuation \$ Dated / / In Name of Other Properties (detail): Motor Vehicles: Make Model Year Caravan Boat Govt, Local Body Stock, Bonds / Debt. F.V Shares nos. and company Shares nos. and company 			
 Incentive Saver A/c Term Deposits Other A/c Money Clubs / Finance Co. Deposits Building Societies / Credit Unions House Property Purchased / / For \$ Insured for \$ Govt Valuation \$ Dated / / In Name of Other Properties (detail): Motor Vehicles: Make Model Year Govt, Local Body Stock, Bonds / Debt. F.V Shares, Registered Debentures / Notes MKTV If appropriate, details of 			
- Term Deposits			
- Other A/c			
Money Clubs / Finance Co. Deposits			
Building Societies / Credit Unions			
House Property Purchased / For \$ Insured for \$ Govt Valuation \$ Dated In Name of			
For \$ Insured for \$			
Govt Valuation \$ Dated / /			
In Name of			
Motor Vehicles:			
Motor Vehicles:	Other Properties (detail):		
Motor Vehicles:			
Motor Vehicles: Make Model Year			
Make Model Year			
Make Model Year	Motor Vehicles:		
Caravan	Make Model Year		
Boat	Make Model Year		
Govt, Local Body Stock, Bonds / Debt. F.V Shares, Registered Debentures / Notes MKTV If appropriate, details of	Caravan		
Shares, Registered Debentures / Notes MKTV If appropriate, details of	Boat		
If appropriate, details of	Govt, Local Body Stock, Bonds / Debt. F.V		
Shares nos. and company	Shares, Registered Debentures / Notes MKTV		
	If appropriate, details of		
Eurpiture & Household Efforts	Shares nos. and company		
Furniture & Household Effects \$	Furniture & Household Effects \$	DO NOT	EXTEND
Antiques / Art \$	Antiques / Art		
Coins / Stamps	Coins / Stamps		
Life Policies:	Life Policies:		
Date Taken Sum Annual Due	Date Taken Sum Annual Due		
Out Assured Premium / \$\$ / S.V			
/ / \$\$			
/ / \$\$			

/	/	\$	/	/	S.V	
Other Assets (Detail):						
			TOTA	L ASS	SETS \$	
CONTIN	IGENT I	LIABILITIES (Guarantees to Banks	& Othe	ers)		

Income / Outgoings Position as at / /

Please tick 🗹

Fortnightly 🗖

Average Monthly \Box

Income	T	UCCNZL
Gross Salary (per annum):		
Self\$		
Spouse\$		
Salary (Net after Tax & Super) Self		
· · · · · · · · · · · · · · · · · · ·		
Spouse / Partner		••••••
Regular overtime		
Part time employment		
Board paid by family members		
Dividends / Interest		
Rent received		
Commission (s)		
Social Welfare Benefits		
Other (detail)		
TOTAL INCOME		

TOTAL OUTGOINGS	
Uncommitted Income	

Please tick \bowtie Average Monthly

Fortnightly 🗖

Outgoings		UCCNZL
House repayments / Rent / Board	••••••	••••••
	••••••	••••••
	······	
Other Loans to		
Credit Cards		
	······	······
H/P Payments to		
Expiry date of contract / /		
Taxation (if not deducted from income)		
Life Assurance Premiums		
Motor Vehicle(s):		
- Fuel Costs		
- Insurance, Registration & Maintenance		
Rates & House Insurance		
Section Lease / Ground Rent		
	••••••	••••••
Electricity / Gas / Heating		••••••
ata		
etc	••••••	••••••
Education Expenses / School Fees and Fares	••••••	••••••
Living Expenses:		
- Food		
- Clothing		

- Personal / Cash / Entertainment etc	
- Medical / Doctors / Dentist	
- Holidays	
- Gifts (Weddings, Birthdays, Christmas	
etc)	
Insurance (Contents, Clothing, Personal Effects, Medical)	
Telephone, Tolls	
Club Subscriptions	
Savings:	
- Bank	
- Building Society	
- Other	
(e.g. Maintenance to Dependents, Regular Charitable Donations)	
Total Outgoings	

Additional Information Required

Please a	Please attach the following documentation to this Application: $\ensuremath{}$ If Attache					
\succ	A copy of the market valuation of all properties listed in the financial section.					
	A copy of the Certificate of Incorporation of all registered companies.					
À	If you were not born in New Zealand a copy of your New Zealand Citizen Certific documentation that you can own and operate a New Zealand business.	cate or other				
\succ	A copy of your New Zealand or other countries Passport.					
\blacktriangleright	A copy of your New Zealand Drivers License.					

If the Applicant is a Trustee of a Family Discretionary Trust:

- > A copy of the Trust Deed.
- Financial Statement including Balance Sheet and Profit and Loss Statements of the Family Discretionary Trust for the last three years.

If the Applicant is Trustee of a Unit Trust:

A copy of the Trust Deed.	
Where any other the unit-holders are Trustees of Family Discretionary Trusts, a copy of the Constitution of each Trustee and a copy of each Trust Deed.	
Financial Statements including Balance Sheets and Profit and Loss Statements for each unit holder.	

Funding

If you do not have the required capital to purchase a Robert Harris Café franchise, please outline in detail on how you expect to fund the business?

Application Execution

I/We declare that to the best of my/our knowledge the answers in the application are correct and true and I/we understand that if any false or deliberately misleading information is given, or any material facts suppressed, I/we will not be approved as a Franchisee of Robert Harris Café Franchise, or my/our franchise may be terminated.

SIGNED:	×		® ×	
NAME: (please print)				
DATE:				
		UCC Coffe	e Use Only	
		Date Received:		

Interview Date #1:	
Interview Date #2:	
Reference Checks	
Completed Dates	
Completed Date:	