



## FRANCHISE ENQUIRY FORM

**We Strictly Comply With The Protection Of Personal Information Act 4 of 2013 Regarding Your Personal Information Provided.**

Date			
Name		Surname	
Landline Number		Cell Number	
Physical Address		Postal Address	
ID/ Passport Number		E-mail Address	

DO YOU OWN YOUR OWN BUSINESS?	
Business Name	
Business Category	
Geographic Location of Business	

OR

ARE YOU CURRENTLY EMPLOYED?	
Employer Name	
Position / Occupation	
Years employed	

QUESTIONS	ANSWERS
Are you going to pursue this opportunity on a full-time basis?	
In which area are you interested in opening a Spare Zone franchise?	
Where did you find out about this opportunity?	
Why are you interested in a Spare Zone franchise?	
Will you be the owner / operator?	
Do you have any experience in the vehicle spare parts industry? If so, please elaborate.	
What business skills do you have that would make you a successful franchisee?	
What unencumbered cash contribution do you have to invest in a Spare Zone franchise?	
What do you hope to achieve through owning this franchise?	

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Please email completed form to [info@sparezone.net](mailto:info@sparezone.net).

Thank you for your interest in the Spare Zone Franchise opportunity.