



**ULTRA-SCAN®**

PREGNANCY TESTING & ANIMAL SERVICES LTD

## FRANCHISEE EVALUATION FORM

**ULTRA SCAN LIMITED.**  
Piakoiti Road, R.D.  
Walton, New Zealand  
Telephone 64-07-888-3978, Fax 64-07-888-3919  
E-mail  
dbmcdonald@xtra.co.nz  
or  
ljohansen@zfree.co.nz

This application is provided to assist Ultra-Scan in determining your suitability as a Franchisee and is not binding on either party. It should be completed by yourself and the information should be current and accurate. All information will be treated confidentially and will only be used in consideration of your application.

Ultra-Scan is aware that the information sought is personal. If you have any objection to answering a specific question, please mark it with a cross (X). Failure to provide answers to any question will not prejudice the result of this application. The intended Franchisee has the right of access to all personal information held by Ultra-Scan.

To verify your financial position, you may be required to produce appropriate forms of proof.

Whilst it is necessary for us to contact your personal referees, we will not disclose the nature of your intended proposition.

Each application must be accompanied by a deposit of \$500.00. Cheques should be made payable to "Ultra-Scan". This deposit is fully refundable should you decide not proceed for any reason, or should your application be declined.

# PERSONAL DETAILS

Title: Mr/Mrs/Miss/Ms:.....

Name:.....

Address: .....

.....

Telephone (home): .....(work):.....

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Date of Birth: ..... Marital Status: .....

Spouse/Partner's Name:.....

Spouse/Partner's Occupation:.....

Number of dependents:..... Ages of dependent children:.....

Do you have a current NZ Drivers License? Yes/No

Do you have any demerit points against it? Yes/No

Have you ever been convicted of any offense? Yes/No

Are you a NZ Citizen Yes/No

If not, do you have permanent residence Yes/No

Health: Please describe any physical or health problems that may restrict your ability to manage and operate a territory

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Personal References: *Name two people you have known for at least two years.  
All enquiries will remain confidential*

Name	Address	Position	Relationship
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.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
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Activities and Interest:.....

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## PURPOSE OF APPLICATION

What are your reasons for wanting to go into your own business?

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What particularly appeals to you about the Ultra-Scan opportunity?

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What are your future goals?

What would you like to achieve from your investment with Ultra-Scan?

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In what way will being self-employed affect your lifestyle?

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Preferred territories: 1 ..... 2 .....

Is this a joint application Yes/No

If yes, please provide following details and complete a separate evaluation form for each party.

Person's Name:

Person's Address:

.....	.....
.....	.....
.....	.....

In what capacity do you envisage yourself and the other person working?

Myself?.....

Other party?.....

What is the proposed extent of the ownership of the business?

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## EMPLOYMENT HISTORY

Company:..... Address:.....

Type of Business..... Employed from: ..... to:.....

Position held:..... Annual Income:.....

Reason for leaving .....

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Company:..... Address:.....

Type of Business..... Employed from: ..... to:.....

Position held:..... Annual Income:.....

Reason for leaving .....

.....

Company:..... Address:.....

Type of Business..... Employed from: ..... to:.....

Position held:..... Annual Income:.....

Reason for leaving .....

.....

Company:..... Address:.....

Type of Business..... Employed from: ..... to:.....

Position held:..... Annual Income:.....

Reason for leaving .....

.....

## STATEMENT OF FINANCIAL POSITION

Cash on hand including cheque account balance:		\$.....
Savings, funds, certificates, etc		\$.....
Real Estate Market Value	\$.....	
Less Mortgages (if applicable)	\$.....	\$.....
Stocks, Bond and Securities (Current Market Value)		\$.....
Equity in Business Ventures - Liquid		\$.....
Life Cover - Value		\$.....
Other Assets		\$.....
	TOTAL ASSETS:	\$.....
Liabilities ( <i>other than mortgages deducted above</i> )	TOTAL LIABILITIES:	\$.....
Hire Purchase Accounts		
Credit Cards		
Loans		
Overdrafts		
	NET WORTH:	\$.....

Current Annual Income: \$.....  
From all sources

Minimum income required: \$.....

Desired income: \$.....

How are you planning to finance this business?.....

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How would you regard an ownership position with this business?

- Investment
- Career
- Speculation

## GENERAL INFORMATION

How did you come to be introduced to franchising and Ultra-Scan in particular?

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Have you ever been involved in a franchised business before? Yes/No  
If so, which Company and where?

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What do you consider are the benefits of joining a franchised group in comparison with setting up your own business?

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The success of the franchise is dependent on adherence to an established operating system. How do you rate your ability to follow directed guidelines?

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What qualities will you be able to bring to the Ultra-Scan franchise?

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What do you consider to be your greatest strength?

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What do most people criticise you for?

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Will you devote your full time to the business?

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How does your spouse/partner feel about your interest in this opportunity?

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## FINANCIAL INFORMATION

Solicitor: .....

Address: .....

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Phone: .....

Accountant: .....

Address: .....

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Phone: .....

## DECLARATION

I understand that the purpose of this application is to assess my suitability as a Franchisee. It does not obligate myself or Ultra-Scan.

I understand that referees and previous employers may be contacted.

I certify that the information provided is true and correct.

I authorise you or any agent of yours to obtain from a credit reporting agency a credit report containing personal credit information about me for the purpose of assessing my suitability as a Franchisee. I consent to such information being obtained by you notwithstanding the provisions of the Privacy Act 1993.

Signed: .....

Date: .....