



MRS. FIELDS INTRODUCTION FORM

Please introduce yourself

1. Interested Party

First Name	<input type="text"/>	Family Name	<input type="text"/>
Preferred Name	<input type="text"/>	Marital Status	<input type="text"/>
		No. of Children	<input type="text"/>
		Ages	<input type="text"/>
Spouse's Surname	<input type="text"/>	First Name	<input type="text"/>
Home Address	<input type="text"/>		
City / Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Telephone: Home	<input type="text"/>	Mobile	<input type="text"/>
Email Address	<input type="text"/>	Current Age	<input type="text"/>
Occupation	<input type="text"/>	Company	<input type="text"/>
Australia Citizen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Residency Visa Details <input type="text"/>
Is English your first language?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Language Spoken <input type="text"/>
If you have answered "No" to the above questions, what training will you undertake to ensure you have acquired business level proficiency in English? <input type="text"/>			

Do you plan to have any other Partners in the business, apart from your direct family,? Please list name and details;

1: Family Name	<input type="text"/>	First Name	<input type="text"/>
Home Address	<input type="text"/>		
City / Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
2: Family Name	<input type="text"/>	First Name	<input type="text"/>
Home Address	<input type="text"/>		
City / Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

2. Business Interest

Everyone acquires a business for different reasons. Why do you want to own your own business?

Freedom Wealth Family Residency Experience Other

Have you ever owned a business or been self employed in the past? Yes No

What type of business?

1. Business Name	<input type="text"/>	Period of employment	<input type="text"/>	years
City / Suburb	<input type="text"/>	State	<input type="text"/>	Postcode <input type="text"/>
Responsibilities	<input type="text"/>			
2. Business Name	<input type="text"/>	Period of employment	<input type="text"/>	years
City / Suburb	<input type="text"/>	State	<input type="text"/>	Postcode <input type="text"/>
Responsibilities	<input type="text"/>			

Please list all formal qualifications, diplomas, certificates, short courses and on the job training completed, which you feel are relevant to this application, along with details and date qualification obtained:

1	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mrs. Fields Introduction Form - continued

When are you looking to commence your new business?

Less than 3 months 3 to 6 months 6 plus months Don't have timeframe

What profit do you expect to make in the first 12 months trade, to support your current lifestyle? \$

What do you know about buying a Franchise?

Not much Looked at some Applied for Franchise Owned another Franchise

What are the reasons a Franchise appeals to you?

1

2

3

Are you looking for an established business? Yes No or New Franchise Location Yes No

Please advise the locations you are interested in, including State and Shopping Centre Name

Suburb State Centre

Suburb State Centre

Suburb State Centre

Declaration

Please complete the following declaration below, in order to allow us to share as much information as possible, in reference to Mrs. Fields Café Bakery Franchise.

I/we acknowledge that information provided to me/us, by Cookies Australia Pty Limited and Mrs. Fields Franchise may be information which is sensitive and confidential.

I/we agree to keep all information confidential and not share any information with other persons, other than our professional advisors required to assist us in assessing the franchise opportunity

If requested by Cookies Australia Pty Limited or Mrs. Fields franchise, we will immediately return or destroy all information supplied by them.

I/ we will not rely on any information supplied by Cookies Australia Pty Limited and Mrs. Fields Franchise in assessing any franchise opportunity afforded us. We will ensure to conduct our own due diligence.

Print Name Sign Date / /

Print Name Sign Date / /

We will be in contact with you soon, to further discuss any/all opportunities regarding a Mrs Fields Bakery Café Franchise.

In the meantime, if you require any further information or assistance, please do not hesitate to contact us on 02 9472 8555 or via email at info@mrsfields.com.au

Please return the completed **Introduction Form** to;

Cookies Australia Pty Limited
Mrs. Fields Bakery Café Franchise

P.O. Box 122

Mt Kuring-Gai NSW 2080

or alternatively, please scan and email to:

info@mrsfields.com.au