

CONFIDENTIAL

KENOLKOBIL LIMITED

Service Station Dealership Application Form

Name of Applicant:

Date of Application:

Preferred Location of Service Station: *(Tick as appropriate)*

Nairobi	<input type="checkbox"/>	Central	<input type="checkbox"/>	Mombasa	<input type="checkbox"/>	Nakuru	<input type="checkbox"/>
Eastern	<input type="checkbox"/>	Eldoret	<input type="checkbox"/>	Kisumu	<input type="checkbox"/>		

The information contained herein will help us review your suitability as a prospective dealer. Read each item carefully and answer accurately. Answer all questions in full.

EMPLOYMENT/BUSINESS EXPERIENCE

Current Employer

Describe Duties & Responsibilities *(If self-employed, please describe the nature of business in detail)*

LAST/PREVIOUS EMPLOYMENT

Date		Employer	Address	Average Monthly Earning
From	To			

Have you ever owned or worked in the Service Station business apart from any information given above? *(Tick as appropriate)*

Yes No

If yes, please give details or provide details of any other relevant experience

Have you had experience in the following areas? *(Indicate your response by ticking the correct box)*

	Yes	No
Handling Cash		
Staff Management and Recruitment		
Analysing Cash flows		
Stock Control		
Retail/Selling to the public		
Working with Financial Statements		
Working weekends		

FINANCIAL INFORMATION

What are your primary objectives for this application?

How much of your own capital do you intend to invest in the business?			
<hr/> <hr/>			
How much capital will be borrowed?			
<hr/> <hr/>			
From which source? <i>(Tick as appropriate)</i>			
<input type="checkbox"/> Bank	<input type="checkbox"/>	<input type="checkbox"/> Family/Friends	<input type="checkbox"/> Other
What annual income are you expecting to earn?			
<hr/> <hr/>			
How many hours per day are you willing to spend at the service station?			
<hr/> <hr/>			
Will you be involved in other business ventures alongside the Service Station?			
<hr/> <hr/>			
If so, elaborate?			
<hr/> <hr/> <hr/> <hr/> <hr/>			
Have you been involved in bankruptcy and insolvency proceedings? If yes, please give full details.			
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MANAGEMENT STRUCTURE

How would the business be managed:- (tick as appropriate)																						
Limited Company						Sole Proprietorship																
Give details																						
Business Name																						
Registration No.													PIN No.									
Directors' Details			<u>Name</u>					<u>ID No.</u>				<u>% Shareholding</u>										

Please provide details of a business/work reference (Should not be related to the applicant)		
<u>Reference 1</u>		
Name:	Occupation	Company Name
Postal Address	Postal Code	Town
<u>Reference 2</u>		
Name:	Occupation	Company Name
Postal Address	Postal Code	Town
<u>Reference 3</u>		
Name:	Occupation	Company Name
Postal Address	Postal Code	Town

GENERAL INFORMATION

Are there any health issues/problems that may impact on your performance as a KenolKobil Dealer? (E.g. lung or heart conditions, stomach condition, asthma, allergies i.e. dust, fumes)
 If yes, please give details:

List all civic, social, military, business organizations or clubs where you are an active member:

Do you hold a valid driver’s license?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Declaration:

I understand that this application is for information purposes only. It is not a guarantee that I will be appointed a service station dealer. It is in no way binding upon KenolKobil Limited (*the Franchisor*) or me (*the potential Franchisee*). I understand and grant KenolKobil Limited permission to contact my references and any other relevant body to verify the information provided in this application. I certify that all the information given above is accurate.

Applicant 1:

Full Name	Signature	Date
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Applicant 2:

Full Name	Signature	Date
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Applicant 3:

Full Name	Signature	Date
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