



FRANCHISEE ENQUIRY FORM

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 BRICS International franchise?	
Where did you find out about this opportunity?	
Why are you interested in a BRICS International franchise?	
Will you be the owner / operator?	
Do you have any experience in import/export or international trade? 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 BRICS International franchise?	
What do you hope to achieve through owning this business?	

Name: _____ Date: _____

Signed: _____

Please email completed form to dean.vanwyk@bricsinternational.com.

Thank you for your interest in the BRICS International Franchise opportunity.