



# Nkukhu-Box

Grilled Kasi Flavour

## FRANCHISE APPLICATION

**Nkukhu Box Head Office**

**Tel:** +27 11 805 0232

**Fax:** 086 619 6706

**Email:** [info@nkukhubox.com](mailto:info@nkukhubox.com)

**Web:** [www.nkukhubox.com](http://www.nkukhubox.com)



[nkukhuboxsa](https://www.facebook.com/nkukhuboxsa)



[@nkukhuboxsa](https://twitter.com/nkukhuboxsa)



[nkukhuboxsa](https://www.instagram.com/nkukhuboxsa)

# FRANCHISE APPLICATION FROM

Full Names / Company Name:	
Identity Number / Company Registration Number:	
Address:	
Tel no:	Cell:
Date:	Email:
How did you hear of the Nkukhu Box Franchising Opportunity?	
Proof of application fee attached?    Yes / No	

# INSTRUCTIONS

1. Take your time in completing this application form.
2. Read each question carefully.
3. Print **clearly**.
4. All the information you provide must be accurate and up-to-date.
5. Attach an A4 sheet of paper with your name, the question number or title and the rest of the information, for each portion of this application where you find that there is insufficient space provided for your answer.
6. If you have any questions or need assistance in completing this application, please contact our office.
7. The following should be submitted to [franchise@nkukhubox.com](mailto:franchise@nkukhubox.com)
  - Completed Application Form
  - Company Registration Certificate
  - Copy of your CV / all Company main Directors
  - Clear copy of your Identity Document / all Company Directors
  - Proof of your Residence / all Company Directors
  - The completed Motivation Letter section
  - Proof of Franchise purchase funds or deposit in the name of the applicant company or personal name i.e. one month bank statement
  - Proof of Business Account i.e. Letter from the bank or Bank Statement
  - Proof of Application Fee payment

Please attach all the above to keep in our files together with any other documentation you feel may be important for us to have and evaluate.

An application fee of **R 1200** (one thousand two hundred rands) is required to cover admin and processing costs. The application fee is non-refundable, even if your application is unsuccessful.

Banking Details for the Application Fee Payment

FNB

Account Name: Nkukhu Box Head Office

Account Number: 62550422895

Branch Code: 230732

Reference: Your Name & Surname or Company Name

# PRELIMINARY DETAILS OF PROSPECTIVE FRANCHISEE:

## A. Intended Nature of Proposed Business (Mark with an X):

Sole Proprietorship		Partnership		Closed Corporation		Private Company	
Company Registration Number:				Tax Number:			
Business Account Number:		Bank Name:		Branch Name:			

### If Sole Proprietor

Full Names:	
Surname:	Identity Number:

## B. If other than a Sole Proprietor, please provide details of all Partners / Members / Shareholders

*Where the applicant is other than a sole proprietor, please submit an individual copy of the below for each individual partner, member, or shareholder.*

Full Names:		Equity %:
Surname:	Identity Number:	
Address:		
Tel no:	Email:	Cell:

Full Names:		Equity %:
Surname:	Identity Number:	
Address:		
Tel no:	Email:	Cell:

Full Names:		Equity %:
Surname:	Identity Number:	
Address:		
Tel no:	Email:	Cell:

Full Names:		Equity %:
Surname:	Identity Number:	
Address:		
Tel no:	Email:	Cell:

**C. In priority sequence, please provide 3 areas where you would like to open a Nkukhu Box outlet.**

	Province	City / Town	Township
1			
2			
3			

Have you identified a potential site? If yes, where?

**D. Details of Unencumbered Funds for initial Capital Investment**

*Please note that an applicant must have a minimum of R 236,000 (excl vat) unencumbered funds, unsecured by any creditor, available for immediate investment.*

Total Unencumbered Funds Available:
Details on balance of funds. Please provide a brief description of the current status of these funds and provide proof.

**E. Details of anticipated Finance available for the balance of the required Capital Investment**

Financing Institution:	
Type of Loan:	
Available Security:	
Loan Pre-Approved:	Yes / No
Do you require Loan Application Assistance?	Yes / No

**F. Details of Operational Management Plans**

Will someone other than the Franchisee manage the store?	Yes / No
If yes, name of such Manager	
Please confirm that the CV of the proposed Manager is attached	Yes / No
What restaurant or food industry experience does the proposed Manager have?	



## Personal Details Of Sole Proprietor / Partner / Member / Shareholder

Please Note: Where the applicant is other than a sole proprietor, please submit a copy of the below for each individual partner, member, and shareholder.

Full Names:	Equity %:	
Surname:	Identity Number	
Physical Address:		
Tel no:	Email:	Cell:
Marital Status:	Nationality:	
Postal Address:		
Business Address:		
Please provide details of current employment or business interest:		

### G. Personal References

Name	Relationship	Contact Number

### H. Personal Trade References:

Company Name	Account No	Contact Person	Telephone Number

### I. Current Personal Banking:

Bank	Branch Name:	Cheque / Savings	Account Number

**J. Declaration**

I / We hereby declare that all of the above information is true and correct to the best of my knowledge and that I will make all other required financial information available upon request. I also understand that submission of this application does not mean automatic acceptance. I hereby authorise Nkukhu Box Head Office (Pty) Ltd to make enquiries about my/our credit history, character and ability to pay, and to contact anyone, whether or not listed on the original application, in order to obtain personal and financial information about me/us. I/We release all such persons from any liability or damages that may be incurred as a result of such inquiry or of the furnishing of such information. All personal details and disclosures will be kept confidential.

In addition I hereby consent and agree that the Franchisor may perform a credit search on the Applicant's record with a registered credit bureau when assessing the Applicant's application form.

Signed at .....on this..... day of..... 20.....

.....  
Applicant's Signature(s)

.....  
Witness Signature

Name: .....

Surname: .....

Id No: .....

.....  
Witness Signature

Name: .....

Surname: .....

Id No: .....





# THANK YOU

Thank you for taking the time to go through our information.

If there are any questions or comments, please feel free to contact us.

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