



## PULSE DERMATOLOGY AND LASER

Welcome to our application process for joining the Pulse Dermatology and Laser family. This business is very close to our hearts and for working on this concept and idea for almost 10 years, we are truly blessed and extremely thankful for the amazing support and gracious welcome we have received in the South African market.

### Our Vision:

To offer quality non-surgical aesthetic treatments and products to our patients, allowing them to feel confident and in control of their health and wellbeing.

### Our Mission:

To provide patients and professionals with professional, safe, personalised and innovative products & aesthetic treatments; with the end result of improving the quality of life for our patients.

### Our Values:

Professionalism

Ethics

Empowerment

Passion

Innovation

Quality

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If your heart speaks the same language as ours, then we look forward to hearing back from you. Please hereby find attached all the documentation in order for you to apply to our Pulse Family.

# FRANCHISE APPLICATION DOCUMENT

Please email your Application Form to [amy@pulsedermatologyandlaser.com](mailto:amy@pulsedermatologyandlaser.com) Please ensure you attach all relevant supporting documentation, such as your CV, references, statements etc. A check list is provided at the end of this application.

## STEP 1:

### APPLICANT PERSONAL INFORMATION

(Please note if more than 1 partner is applying, please complete forms from Step 1 for each person)

Surname (Capital letters): \_\_\_\_\_ Title (Mr/Mrs/Miss/Other): \_\_\_\_\_

First Name (In Full) \_\_\_\_\_

### PERMANENT ADDRESS

Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

D.O.B \_\_\_\_\_ Nationality: \_\_\_\_\_

### PREVIOUS ADDRESS

Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### SPOUSE/PARTNER INFORMATION

Do you intend for your partner/spouse to be involved in the business? ( Yes / No )

If YES, please elaborate: \_\_\_\_\_

Surname (Capital letters): \_\_\_\_\_ Title (Mr/Mrs/Miss/Other): \_\_\_\_\_

First Name (In Full) \_\_\_\_\_

Dependants: ( YES / NO ) Ages: \_\_\_\_\_

### FRANCHISING:

• Do you own any other Franchises currently? ( YES / NO )

If YES, please provide details:(brand name and time line) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• Have you ever applied for a franchise before? ( YES / NO )

If YES, please provide details and if you were approved. \_\_\_\_\_

STEP 2

YOUR CV

We are very interested in learning more about you, the details of your education, skills and work history. Please attach to this application your most recent CV and please include any licenses, trade certificates etc as well as some information on your skills, qualifications, hobbies and interests that might be relevant to our industry.

STEP 3

YOUR WORK HISTORY

Please complete the table below. Please include ALL forms of employment (Part/ Full-time) and self employment. Start with your current form of employment:

DURATION	COMPANY NAME (& ADDRESS)	JOB TITLE & DESCRIPTION	SALARY

Have you ever been suspended, dismissed / required to resign from any previous jobs? ( YES / NO )

If YES, Please elaborate: \_\_\_\_\_  
\_\_\_\_\_

REFERENCES

Please list 3 current or former employers, supervisors, suppliers or customers , as references. Please DO NOT list any friends or family. Your current employer will not be contacted without your consent, unless you list them here below.

NAME	CONTACT NUMBER	EMAIL

STEP 4

YOUR HEALTH AND PSYCHOLOGY

We are all unique and special in our own way, however as a Brand , the mental and physical health of ALL of our employees are crucial to the success of our business and thus request you to list any physical or mental limitations or disabilities that might affect your abilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_List 4

characteristics that best describe you:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

LEGAL INFORMATION

Do you have any criminal convictions or impending persecutions? ( YES / NO )

If Yes, please provide details:\_\_\_\_\_

Have you ever had a court judgment against you ? ( YES / NO )

If yes, please give details:\_\_\_\_\_

If required , are you prepared to provide a police clearance? ( YES / NO )

STEP 5

YOUR BUSINESS SKILLS

What are your strengths when it comes to business?\_\_\_\_\_

Have you managed a team before?\_\_\_\_\_

Have you worked in retail before?\_\_\_\_\_

Do you have any areas ( sales, services, management, accounting etc) that you feel you might require future assistance / training with? ( YES / NO )\_\_\_\_\_

If Yes, please provide some detail:

\_\_\_\_\_

List 3 business / career achievements:

1.

\_\_\_\_\_

2.

\_\_\_\_\_

3.

\_\_\_\_\_

In order to run a successful franchise, you will need to be personally committed and prepared to work consistently well to achieve our and your business goals for your franchise.

What motivates you to succeed in business? List at least 3 :

1.

\_\_\_\_\_

2.

\_\_\_\_\_

3.

\_\_\_\_\_

What do you consider to be the three main key factors in order to provide excellent customer service?

1.

\_\_\_\_\_

2.

\_\_\_\_\_

3.

\_\_\_\_\_

What experience do you have in customer service in your career history?

\_\_\_\_\_

If you had to choose 1 word to best describe you, what would it be?

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Why are you interested in joining the Pulse Dermatology and Laser family?

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In less than 500 words, please motivate why Pulse Dermatology and Laser should grant you the rights to purchase a franchise:

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Please list the areas and Towns in South Africa in which you would like to open your Pulse Dermatology and Laser practice:

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Are you interested in opening more than 1 franchise? Please provide detail:

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#### STEP 6

#### YOUR PERSONAL FINANCIAL INFORMATION

(Please complete the full financial statement as provided

below)IMPORTANT NOTICE!!!

If you have a partner / spouse that will be joining you in this venture, please make sure they complete all the above information from page 1 till the end of STEP 6 .

#### STEP 7

#### YOUR DECLARATION

I/we hereby certify that all information provided is correct and complete to the best of my knowledge and belief. I acknowledge that incorrect information could render me liable to having the franchise application process terminated. I acknowledge and give my consent in terms of Privacy Legislation for the Franchisor to obtain further information about the above matters.

I/we agree that Pulse Dermatology and Laser Franchise may obtain a consumer credit report containing information about me/ us from a credit reporting agency for the purpose of assessing my/ our application for commercial credit.

Signature\_\_\_\_\_Date

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Signature\_\_\_\_\_Date

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How much capital is available for this franchise? R

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(This includes funds and assets that can be converted into cash)

If required, how do you plan to obtain the funds to purchase a franchise?

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Are you planning on getting finance from another party to assist in buying the franchise? (YES/ NO ) If YES, please explain:

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What net monthly income do you need to maintain your standard of living for the next 6months?

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#### STEP 8

#### UNDERTAKING NOT TO DISCLOSE CONFIDENTIAL INFORMATION

Voluntarily offered and given to:

Pulse Dermatology and Laser CC

Unit 1 B The Ridge Office Park, Kenridge 7550

By:

ID Number: \_\_\_\_\_

Of: \_\_\_\_\_

being the chose domicilium citandi et executandi.

In consideration for taking us into your confidence and disclosing to us and allowing us access to confidential information relating to your business we are hereby in agreement and irrevocably warrant and undertake the following:

- Not at any time whether now or in the future, to copy, disclose, divulge, sell or publish to whomsoever, or use for our own benefit, any documentation, goods or information which is imparted to us by yourselves.
- This irrevocable undertaking is provided in regard to any operational, financial, employee and supplier information and all other matters relating to the business of your Company (or of the Companies with which it is associated) such as for example information pertaining to methodology, purchasing and procuring of products and goods, sales, turnover, profits and other information pertaining to the operational and financial affairs of your company, methods of promotion and business organization in general, statistics, records, files, lists of addresses, etcetera, and hereby agree to treat all such and other business matters as strictly confidential.
- We hereby acknowledge that you are obliged to bind ourselves not to disclose, divulge or sell information obtained or to be obtained from yourselves or other persons or companies with whom you have or may in future enter into agreement regarding their products or know-how, inventions, knowledge and/or methodology and processes and specifically agree that we shall likewise not disclose, divulge or publish or use for our own benefit any such know-how, inventions, knowledge and/or methodology and processes or any other information in connection therewith howsoever obtained from yourselves through our business dealings and negotiations and that our undertaking not to utilize or disclose the confidential information imparted to us shall continue and remain valid and in full force and effect, notwithstanding the termination of our negotiations for any reason whatsoever.
- We hereby acknowledge and agree to be answerable, liable and responsible for any breach of this undertaking and to compensate yourselves for any damages you may incur (including any damages you may be obliged to pay to others) as a result of any such breach. Notwithstanding any claim for damages, we hereby acknowledge and accept that you will be entitled to approach any competent court by way of application or otherwise for an order restraining ourselves from disclosing, divulging, selling or making use of any information prohibited in terms of our undertakings as set out herein and for which legal costs we shall be liable as charged between attorney and own client.

- We hereby acknowledge and agree, should any undertaking or portion thereof herein contained be adjudged to be invalid or unenforceable by any court of competent jurisdiction such judgment shall not affect or invalidate the remainder of this agreement. We further acknowledge and accept that each and every undertaking herein contained may be independently and separately enforced.
- We hereby acknowledge and agree that any dispute, which may arise out of this agreement shall be determined in accordance with the Laws of South Africa and the presiding Judicial High Court.

Completed and signed on \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_  
 \_\_\_\_\_ (Day/month/year) Applicant

Full name: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness:

Full name: \_\_\_\_\_

Signature: \_\_\_\_\_

CHECK LIST:

1. Have you completed all sections of the form?
2. Is your CV attached?
3. Have you completed the FULL Financial statement?
4. Have you signed the Declaration?
5. Have you signed permission for a credit check?
6. Copies of ID's of all applicants

STEP 9

PERMISSION TO PERFORM A CREDIT CHECK

You hereby acknowledge and agree that Pulse Dermatology and Laser may:

- Perform a credit search on you and/or your profile with one or more of the registered Credit Bureau when assessing your Application,
- Monitor your payment behaviour by researching your profile at one or more of the credit Bureau.

Signed: \_\_\_\_\_

Full Name (Print in capital): \_\_\_\_\_

ID Number \_\_\_\_\_

Contact number \_\_\_\_\_

Date \_\_\_\_\_

STEP 10

YOUR FINANCIAL INFORMATION

Bank account details

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Acc. Number \_\_\_\_\_ Type of Acc: \_\_\_\_\_

**Liabilities**

**Mortgage Bonds** *and/or amounts owing under deeds of sale:*

Farm name/Plot No.	Name of Bond Holder / Seller	Annual Capital Reductions	Maturity Date	Amount Owing (Rand)

**Owing under Installment Sale / Lease Agreement:**

To Whom Owing	Installment Amount

**Loans from Financial Institutions / Banks***(including insurance companies) – state briefly the security given:*

Type of Loan	Interest Rate	Date Repayable	Installment Amount

**Owing on Credit Cards** *e.g. Mastercard, Visacard, Garage card, Woolworths, Truworths, Edgars etc.:*

Type of Card	Name of Company	Limit	Interest Rate	Installment Amount

**Bills Payable:**


**Sundry Creditors:**


**Liability for Income Tax:**


**Other Liabilities:**

Description	Period	Terms of Repayment



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**Contingent Liabilities:**

As Guarantor, Surety / otherwise (In favour of Whom)	Which Institution	Amount

Total Liabilities: R

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**Assets**

*\*\*State if any assets are encumbered*

**Fixed Property:**

*Give particulars of each property separately, stating whether freehold / leasehold and state if affected by any servitudes or usufruct.*

Farm Name / Plot No.	Size	District / Suburb	Date Purchased and Price Paid	Municipal Valuation	Present Value (Rand)

**Machinery, Plant, Implements, etc** *(specify important items only):*


**Vehicles** *(state make, model and year of registration):*


**Furniture and fittings:**


**Other Assets***(eg. Antiques, carpets, jewellery, coins):*


**Life Assurance Policies** (*Surrender Value of Life policies payable to the undersigned and not to any third party*)

Company	Number	Date Issued	Maturity Date	Amount	If Ceded, to Whom	Surrender Value Less Loan

**Loans** (*if security held, please give brief details*):

To Whom Due	Interest Rate	Date Repayable

**Investments** (*eg. Private Company etc.*):


**Listed Shares** (*including Unit Trust Investments*):

Company	Number Held	Market Value

**Trading Assets** (*applicable to Firms only*):

Stock in Trade:
Work in Progress:
Book Debts (don't include Factored Book Debts)
Bills Receivable (don't include discounted Bills Receivable)

**Bank Credit Balances / Deposits** (*specify the name of the financial institution and type of account*):


**Cash on Hand:**

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Total Assets: R

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**Statement of Income and**

**Expenditure Monthly Income:**

Salary- Self	R
Allowances in Cash	R
Commissions	R
Investments	R
Salary- Spouse	R
Other (specify)	R
Total Income	R

Monthly Expenditure:

Tax- PAYE / SITE	R
Pension	R
UIF	R
Medical Aid	R
Rent / Bond payments	R
Hire Purchase Installments	R
Lease Agreement	R
Loan Repayments	R
Insurance Premiums	R
Life Assurance Premiums	R
Electricity and Water	R
Rates and Taxes	R
Telephones (including rentals)	R
Alimony / Maintenance	R
Planned Savings	R
Credit Card Accounts	R
Donations	R
Education- fee's, books etc	R
Children's Clothing	R
Groceries	R
Clothing Accounts	R
Doctor / Chemist	R
Domestic / Gardener	R
Security System	R
Transport (petrol, bus fare, parking etc)	R
Entertainment	R
TV Rental / M-Net	R
Other (specify)	R
Other (specify)	R
Other (specify)	R
TOTAL EXPENDITURE	R
SURPLUS AVAILABLE	R

Please note after the interview has been successful, we will require proof of funds available.

Thank you for completing the application form.