



Marcellina - EXPRESSION OF INTEREST

Please complete this form carefully and accurately, as it will form an essential part of our assessment of whether a Marcellina franchise is suitable for you. We will be relying on the information you provide us in determining whether or not you meet our requirements for the grant of a franchise licence, have sufficient financial resources and are suitably qualified to manage, operate and successfully develop and grow the Marcellina Model.
Please note one expression of interest form per person is required.

Section One:

Full Name:	Mr / Mrs / Ms / Miss / Dr			
Address:	Street			
	Suburb		City	
	State		Post Code	
Include country / area codes	Ph. Home	()	Mobile	
	Ph. Work	()	Fax	()
Email address:			Country	
Date of Birth	/ /	Place of Birth		
Nationality		Permanent Resident	Yes / No	
Drivers. Licence	Yes / No			

Preferred Area :

Section Two:

Employment History <i>(Or attach Resume/ Curriculum)</i>	Employer		Fm/To	/ / - / /
	Position			
	Employer		Fm/To	/ / - / /
	Position			
Qualifications <i>(Tertiary/ Trade/Other)</i>				

<p>During the last 5 years, have you ever been declared bankrupt, been involved as a director of any company that has had a receiver appointed, or any other financial circumstances that could affect your ability to operate this business? If yes please give details.</p>	<p>Yes / No</p>
<p>During the last 5 years, have you ever had a professional indemnity claim made against you or your business? If yes please give details.</p>	<p>Yes / No</p>
<p>Section Three</p>	
<p>Where or how did you hear about Marcellina ?</p>	<p>Business /Fran Expo <input type="checkbox"/> You're a client <input type="checkbox"/> Friend or relative <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> Website <input type="checkbox"/> Other <input type="checkbox"/></p>
<p>: Do you have an interest in any other business? YES or No</p>	
<p>What interests you about being Marcellina Franchisee?</p>	
<p>What are your personal/business goals over the next five years</p>	
<p><i>I certify that the information contained in this application is true and correct</i></p>	
<p>Signed:</p>	<p>Date / /</p>

Forward back to:

Marcellina Franchises Pty Ltd
273 Hindley Street
South Australia SA, 5000
Email: admin@marcellina.com.au
Fax: 08 82121048
Phone: 08 8211 7560