

**MOTOVAC BOTSWANA FRANCHISE**

**Preliminary Application Form**

PERSONAL DETAILS

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone Numbers Business: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home: \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

Date of birth: \_\_\_\_\_, \_\_\_\_\_ 19\_\_\_\_

Place of birth City: \_\_\_\_\_ Country: \_\_\_\_\_

Current Citizenship: \_\_\_\_\_ (Country)

EXPERIENCE DETAILS:

How soon do you plan to start your business? \_\_\_\_\_ (Specify Date)

Are you currently or have you ever been a partner or owner of a business? Yes No

If yes, please give details.

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Have you ever worked in the auto part industry? Yes No

If yes, please give details.

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Are you fully paid on all your taxes? Yes No

**FINANCIAL QUALIFICATIONS:**

**ASSETS**

	<b>Value BWP</b>
Cash on Hand and/or in Banks:	
Stocks & Bonds*	
Net Worth of Owned Businesses	
Real Estate-residence-Value Real Estate Mortgage Payable - Home	
Real Estate-other-Value Real Estate Mortgage Payable - Other	
Other Assets-Itemize	
<b>TOTAL ASSETS</b>	

**LIABILITIES**

	<b>Value BWP</b>
Loans from Banks	
Loans from Others	
Credit Card Debt	
Real Estate Mortgage Debt	
Car Debt	
Other Debts (List Details)	
<b>TOTAL LIABILITIES</b>	

**Personal Bank References (attach copies of recent bank statements):**

Name of Bank & Branch:

Account Number:

Phone No.:

Contact Person:

How long have you banked with them for?

Name of Bank & Branch:

Account Number:

Phone No.:

Contact Person:

How long have you banked with them for?

**Verification of Assets: Please attach recent copies of the following items shown above. Check if attached.**

Bank Statements

FRANCHISE DETAILS:

Where are you interested in opening up a business? Town: \_\_\_\_\_

What percent of the business will you own? \_\_\_\_\_%

Will you work in the business full time?      Yes              No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will be responsible for the day-to-day operations? \_\_\_\_\_

Will you have a business partner?      Yes      No

If yes, please give name of each partner:

1) \_\_\_\_\_ 2) \_\_\_\_\_

Note: A separate application and financial statements are required for each partner.

How will you finance this business venture?

Cash amount: P \_\_\_\_\_              Loan amount: P \_\_\_\_\_

What is the source of this capital? \_\_\_\_\_

Personal References (List at least 2)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

FRANCHISE LOCATIONS IN BOTSWANA:

BOBONONG

GUMARE

GWETA

HUKUNTSI

JWANENG

KANG

KANYE

LETLHAKANE

MOCHUDI

NATA

ORAPA

RAKOPS

RAMOTSWA

SHAKAWE

THAMAGA

TSHABONG

TUTUME