

InnoFurn Franchise Application Form

Personal Information

Full Name:

Email Address:

Phone Number (with country code):

Residential Address:

Financial & Business Information

Monthly Income (ZAR/BWP): _____ (Minimum of R30,000 or BWP 22,000 recommended)

Do you have access to capital of R620,000 / BWP 455,000? ☐ Yes ☐ No ☐ I will require financing

Have you run or owned a business before? ☐ Yes ☐ No

If yes, describe your business experience:

Franchise Preferences

Preferred Franchise Location (City & Country):

Do you have a potential shop space in mind? ☐ Yes ☐ No ☐ Still looking

When would you be ready to start your franchise?

Your Vision

Why do you want to own an InnoFurn franchise?

What makes you a good fit to represent InnoFurn?

How involved will you be in the daily running of the business? ☐ Full-time ☐ Part-time ☐ I will hire a manager

Agreement & Submission

☐ I understand that this form is only for pre-qualification and does not guarantee franchise approval.

☐ I confirm that all the information provided is true and accurate.

InnoFurn Franchise Application Form

Signature: _____

Date: _____