



# **FRANCHISE APPLICATION FORM**

# SECTION A

## INDIVIDUAL APPLICANT

### i.) Personal Information

Title:

Mr.  Miss  Mrs.  Other (specify)

First name:  Middle name:  Surname:

Gender: Male:  Female:

ID Number :  Passport Number :

Date of Birth:

Physical Address:  Postal Address:

Tel No:  Email Address:

### ii.) Employment Details

Employed:  Self-Employed:  Unemployed:  Retired:

Other:

If Self-employed, please state the business sector in which you operate:

If employed, state:

If unemployed, state:

Present Occupation:

Date of Last Job:

Employer's Name:

Position at Last Job:

Employer's Address:

**CORPORATE APPLICANT**

i.)Tick the ownership structure of your business:

Sole Proprietership: ☐      Company: ☐      Partnership: ☐      Other: ☐

If other, please state:

ii.) Subscriber Details:

Registered Name :

Trade Name:

Registered Address:

Tel No:

Physical Address:

Company PIN Number:

Registration Number:

Email Address:

## **SECTION B**

**(For Corporate Applicants)**

### **OWNERSHIP AND MANAGEMENT INFORMATION**

**PLEASE COMPLETE ONLY THE VERSION OF “A” THAT APPLIES TO THE FRANCHISE OWNER:**

**A-1- SOLE PROPRIETORSHIP**

**A-2-PARTNERSHIP**

**A-3-COMPANY**

## A - 1

### OWNERSHIP AND MANAGEMENT INFORMATION

#### (Sole Proprietorship)

1. Please list below the name and residential address of the sole owner:

First Name:  Middle Name:

Residential Address:

2. List below the name of the validly licensed real estate broker under whose license the office will be conducted:

Name of validly licensed real estate broker:

***I certify that this information is true and complete as of the date set forth below and acknowledge my obligation to update it whenever there are changes.***

Printed Name:

Title:

Date:

***Please submit copies of your: i) Business name certificate. ii) KRA pin. iii) ID iv) Proof of Indemnity Compliance. v) Estate Agency License.***

## OWNERSHIP AND MANAGEMENT INFORMATION

### (Partnership)

1. If you are a General Partnership, please list all partners, their addresses (residential address, if an individual), and respective percentage ownership interests (please identify the Managing Partner (“MP”), if applicable):

**a.)**

Partner’s Name:

Residential Address:

Percentage Ownership Interest:

Managing Partner:

*(If more space is required, attach additional sheets hereto)*

2. If you are a Limited Partnership, list below the names, addresses (residential address, if an individual) and respective percentage ownership interests of each Partner (after each name, please identify as either a General (“G”) or Limited (“L”) Partner):

**a.)**

Partner’s Name:

**G:**

**L:**

Residential Address:

Percentage Ownership Interest:

Managing Partner:

*(If more space is required, attach additional sheets hereto)*

3. If any of the partners listed in Sections 1 or 2 above is a Business Entity and not an individual, please list below its owners, their addresses (residential address, if an individual) and their percentage ownership interests:

**a.)**

Partner's Name:

Residential Address:

Percentage Ownership Interest:

**b.)**

Partner's Name:

Residential Address:

Percentage Ownership Interest:

**c.)**

Partner's Name:

Residential Address:

Percentage Ownership Interest:

***(If any of the owners of these Partners are Business Entities and not individuals, please attach additional sheets to show their respective owners, their addresses (residential address, if an individual) and their percentage ownership interests until the individual level is reached)***

4. List below the name of the validly licensed real estate broker under whose license the office will be conducted:

Partner's Name:

***I certify that this information is true and complete as of the date set forth below and acknowledge my obligation to update it whenever there are changes.***

Printed Name:

Title:

Date:

***Please submit copies of the Franchise Owner's: i) Partnership agreement. ii) pin for partners. iii) Registration certificate. iv) Partnership deed. v) Estate agency license (for at least 1 partner). vi) Proof of Indemnity Compliance. vii) IDs of partners.***



## OWNERSHIP AND MANAGEMENT INFORMATION

### (Company)

1. Please list below the names, addresses (residential address, if an individual) and percentage ownership of each member of the Company:

**a.)**

Partner's Name:

Residential Address:

Percentage Ownership Interest:

*(If more space is required, attach additional sheets hereto)*

2. If any of the members listed in Section 1 is a Business Entity and not an individual, please list below its owners, their addresses (residential address, if an individual) and percentage ownership interests (if more space is required, attach additional sheets hereto):

**a.)**

Partner's Name:

Residential Address:

Name of Business Entity (Member):

*(If any of the owners of these members are Business Entities and not individuals, please attach additional sheets to show their owners, their addresses, (residential address, if an individual) and their percentage ownership interests until the individual level is reached)*

3. Please list below the names, residence addresses and percentage ownership of each manager of the Company, if any:

**a.)**

Partner's Name:

Residential Address:

Percentage Ownership Interest:

***(If more space is required, attach additional sheets hereto)***

4. If any of the managers listed in Section 3 is a Business Entity and not an individual, please list below its owners, their addresses (residential address, if an individual) and their percentage ownership interests if more space is required, attach additional sheets hereto:

**a.)**

Name of Business Entity (Manager):

Partner's Name:

Residential Address:

Percentage Ownership Interest:

***(If any of the owners of these managers are Business Entities and not individuals, please attach additional sheets to show their owners, their addresses (residential address, if an individual) and their percentage ownership interests until the individual level is reached)***

5. List below the names, residential addresses and titles of each officer of the Company, if any:

**a.)**

Officer's Name:

Title:

Residential Address:

*(If more space is required, attach additional sheets hereto)*

6. List below the name of the validly licensed real estate broker under whose license the office will be conducted:

Partner's Name:

***I certify that this information is true and complete as of the date set forth below and acknowledge my obligation to update it whenever there are changes.***

Printed Name:

Title:

Date:

***Please submit copies of: i) Certificate of Incorporation. ii) Memorandum of Agreement (MOA). iii) Articles of Association (AOA). iv) Pin Certificate. v) Proof of Indemnity Compliance. vi) Estate Agency License. vii) IDs of Directors. viii) Copy of CR12 (not more than 3 months old)***

## **SECTION C**

**(For both Individuals and Businesses)**

In which geographical area(s) would you like to operate Cytonn Investments?

What business will you primarily be undertaking under the Franchise License?

Deal Origination & Site Acquisition: ☐ Agency: ☐ Facilities & Property Management: ☐

What competencies do you have in the choice ticked above?

Have you previously been involved in any real estate development?

Yes: ☐ No: ☐

If Yes, state name of project(s); start & end date or outstanding

Name of project:

Start date:

End date:

Outstanding:

*(If more space is required, attach additional sheets hereto)*

Have you managed any properties and/facilities?

Yes: ☐ No: ☐

If Yes, state name and number of facilities and duration of contracts

Number of facilities:

Name of facilities:

Start date:

End date:

***(If more space is required, attach additional sheets hereto)***

Have you been involved in selling of real estate before?

Yes:

No:

If Yes, state name of properties sold and their market value at the time of sale

Number of properties:

Name of properties:

Market Value:

***(If more space is required, attach additional sheets hereto)***

How many staff members do you have in your team?

Full time:

Part time:

Title:

Title:

Please state the qualifications of the Senior Management Team in your business

Academic:

Professional:

## STATEMENT OF INTENT

Please explain in detail why you would want to buy a Cytonn Real Estate franchise license and clearly demonstrate your past experience in your area of interest be it:

- i.) Deal Origination and Site Acquisition
- ii.) Agency
- iii.) Facilities and Property Management.

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## FINANCIAL INFORMATION

How much money do you intend to invest in the franchise? (Disclaimer: The franchise license costs USD 10,000, with a minimum deposit of USD 2,000)

Where will your investment monies come from? (you may tick more than one)

Savings: ☐

Salary: ☐

Loan: ☐

Profits : ☐

Other (specify):

## REFERENCES

Please provide details of two business references.

### Referee 1

Name :

Postal Address:

Email:

Contact Number:

Occupation:

Relationship:

Number of years of acquaintance:



**Referee 2**

Name :

Postal Address:

Email:

Contact Number:

Occupation:

Relationship:

Number of years of acquaintance:

**DECLARATION**

*I certify that this information is true and complete as of the date set forth below and acknowledge my obligation to update it whenever there are changes.*

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

Date: \_\_\_\_\_

Cytonn Real Estate: \_\_\_\_\_