

Name: ID No:.....
 Address: Tel:
 email Cell

Preferences

Please assign a score out of 10 to indicate the acceptability of the following:

- | | | | |
|---|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> retail | <input type="checkbox"/> services | <input type="checkbox"/> manufacturing | <input type="checkbox"/> distribution |
| <input type="checkbox"/> technical | <input type="checkbox"/> sales | <input type="checkbox"/> franchise | <input type="checkbox"/> automotive |
| <input type="checkbox"/> food service (coffee shops, restaurants) | <input type="checkbox"/> hospitality | <input type="checkbox"/> small size | |

Type of business required:

Areas preferred :.....

Factors to avoid

Areas to avoid :.....

Time Frame

By when would you like to be in your own business ?

How long have you been searching for a business ?

Have you seen anything suitable?.....

Background

Have you owned a business before ? No / Yes What type ?

What expertise or strengths do you have ?

Would you consider a partnership?

Do you represent yourself, partners or company etc ?

Who would make the final decision ?

Are you a unrehabilitated insolvent ?

Do you have any judgements against you ?

Financial

Income / Profit required R Purchase Price R

How do you intend financing the purchase ?

Cash / Deposit R

Bonds R

Other R

Total R

What arrangements have you made to finance the transaction?.....

Remarks:.....

I accept that the information given to me by the agents on behalf of Mandated Sellers shall be treated in confidence and I undertake not to disclose such information to others for their or my benefit without the consent of The Broker House. I will not contact sellers / owners or their staff, customers or suppliers or visit businesses for which I receive information without confirming with The Broker House.

I confirm that to the best of my knowledge the above information is true and correct.

SIGNED:

DATE: