



Thanks for expressing interest in an Appliance Testing 3760 franchise.

Following is:

An application seeking some of the information we require.

The Ministry of Justice Personal information forms.

Our standard Non Disclosure Agreement (NDA).

The reason we require the NDA before sending you comprehensive information is because we provide financial and other sensitive commercial information regarding the franchise.

We also wish to be able to address fully your questions and any concerns you might have.

Please print and fill in all parts of this document and Fast Post to:

Bruce Gordon
Appliance Testing 3760 Ltd,
PO Box 11512
Manners St
Wellington, 6142.

Upon return of these completed documents by you and on the assumption we both wish to proceed further we will send you:

- a) Our Disclosure Document;
- b) Our Franchise Agreement; and
- c) Our Advisor Certificate.

We will then also be pleased to answer any questions you or your advisors might have.

In this latter regard we strongly recommend that you obtain independent legal, accounting and business advice from such advisors experienced in franchising.

We look forward to hearing from you.

Confidential Application for consideration for a Franchise with Appliance Testing 3760 Ltd. (ATL)

Please complete in your own handwriting continuing on a separate page if necessary.

First Names		Surname		DOB	
Number	Street name	Suburb	City		Post code
Phone No.	Cell phone		email		
Fax No.	Other contact details				
Emergency contacts names & relationship		Cell		Phone	
1					
2					
last two employers		Phone		Position held / Dates	
1					
2					

Referees Contact Names 1	Phone	Title/Relationship
2		

	Please tick:	Yes	No
Do you consent to enquiries being made of your current or previous employers?			
Have you ever been dismissed from any employment?			
Do you have any health issues relevant to employment?			
Have you ever been convicted of a criminal offence or are awaiting a court hearing?			
This franchise requires that you phone and visit potential clients explaining the testing and encourage them to obtain a quote from us. Then you will complete their testing. Testing training will be given and some marketing material supplied. You will be expected to have some marketing skills. Will you be able to market to business managers?			

Reason interested In this franchise							
Your personal Qualities							
Any relevant Experience							
Any other Qualifications							
Do you have a:	Printer Y/N	Copier Y/N	Scanner Y/N	Excel Y/N	MS Word Y/N	Days and hours available for work:	
Anything else you would like to add: Please attach your CV (required) and any extra sheets.							

Declaration:

I declare that I have disclosed all information, which might reasonably be taken into account by Appliance Testing 3760 Ltd. in deciding whether or not to grant me a franchise. I understand that if my personal checks uncover any adverse information or if false information is given by me, I may not be granted a franchise. I consent to this information being used for the purpose of consideration for a position or franchise with Appliance Testing 3760 Ltd.

Pursuant to the Privacy Act

This information is collected for assessing your suitability for employment or franchise with Appliance Testing 3760 Ltd. You have the right of access to personal information and to seek any correction you think necessary to ensure accuracy.

Confidentiality

We shall not, at any time for whatever reason, use, disclose or distribute to any person or entity, otherwise than as required by law, any confidential information, messages, data or trade secrets acquired by me in the course of any communication with ATL. Any costs to enforce or endeavors to recover damages under this clause will be paid by me.

Signature	Partners signature (required for confidentiality)	Date

Please fill out a separate form for each partner

IN-CONFIDENCE WHEN COMPLETED



Criminal Records Unit
Ministry of Justice
National Office
P O Box 2750
WELLINGTON

Priv/F2

For Office Use Only

MoJ Request Number

REQUEST BY THIRD PARTY UNDER THE OFFICIAL INFORMATION ACT 1982 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE'S COMPUTER SYSTEMS

SECTION 1: SUBJECT'S AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY

I hereby authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my personal information, to the undersigned Third Party, for the purpose of:

Pre-employment vetting

Insurance Claims vetting

Other (specify)

Tick the report required:

All convictions report Traffic Convictions Report

Signature of subject and date

X

X

I wish to receive a copy of the information provided to the Third party.

Yes / No

SECTION 2: THIRD PARTY DETAILS

Third Party Name Details

Full Name of Third Party

Bruce Gordon

Full name and address of the person or agency the third party is acting for (if applicable)

Appliance Testing 3760 Ltd

Third Party Reference Number (if applicable)

240811

Third Party Address Details

P.O. Box or Street Address

P.O. Box 11512
Manners St

Suburb

Wellington Central

City

Wellington

State / Province

Post Code

6142

Country

New Zealand

Signature of Third Party

X

The term "subject" refers to the person whose criminal convictions is being requested.

The term "third party" refers to the requestor or ultimate intended recipient, such as an employer, insurance company, credit agency et cetera.

The Ministry of Justice will process this request as soon as is reasonably practicable, and in any case no later than 20 working days from receipt of this application.

This application and associated letters and reports will be disposed of three months after processing the response.

SECTION 3: SUBJECT'S DETAILS (Please print in pen)

Priv/F2

Personal Details

Surname	First Name	Middle Names (separate by comma)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (DD/MM/YYYY)	Place of Birth	Gender (Male / Female)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Names - Maiden Name, Aliases

Surname	First Name	Middle Names (separate by comma)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address

P.O. Box or Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

Current Residential Address

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>
Daytime Phone Number	<input type="text"/>
Home Phone Number	<input type="text"/>
Fax Number	<input type="text"/>

Previous Two Residential Addresses

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

SECTION 3: SUBJECT'S DETAILS (continued)

Priv/F2

Subject's Identification

Please attach a photocopy of the subject's identification. The identification may be a Driver Licence OR if subject does not hold a driver licence, a Passport. If subject has neither, the subject will need to complete Section 4.

Driver Licence

Passport

SECTION 4: PROOF OF IDENTITY

ONLY TO BE COMPLETED IF SUBJECT DOES NOT HAVE A DRIVER LICENCE OR PASSPORT

Subject to ask someone who can confirm their identity to fill in this section

The person who identifies subject must:

- have known subject for more than 12 months
- be aged 18 years or over
- have a day time phone number
- not be a relative
- not live at the same address
- be contactable during normal business hours

Surname

First Name

Middle Names (separate by comma)

Street Address

Daytime Phone Number

Suburb

Home Phone Number

City

State / Province

Fax Number

Post Code

Country

I declare that I have personally known:

Surname

First Name

Middle Names (separate by comma)

Signature of identifier

for

years and vouch for his/her identity

X

If subject is unable to get someone to complete Section 4, they must complete a statutory declaration. The relevant form can be obtained from the local District Court or by contacting the Privacy Unit on 04 918 8800.

DEED OF NONDISCLOSURE

THIS DEED IS DATED _____ 2009

BETWEEN Appliance Testing 3760 Ltd of Wellington ("ATL")

AND _____ **&** _____ ("**X**") **of** _____
Name Name of partner / spouse city

RECITALS

- A. ATL operates a business of appliance testing and tagging and has developed a franchise system in connection with its business.
- B. **X** is interested in doing business with **ATL**.
- C. **ATL** has agreed to disclose information to **X** relating to **ATL** and **ATL's** business on a confidential basis in order that **X** may fully consider whether or not **X** wishes to do business with **ATL**.

OPERATIVE PART

- 1. Information means commercial, financial, marketing, technical or other information of whatever nature including without limitation information relating to **ATL's** business, the system, franchise, know how, trade secrets and other information in any form whether disclosed orally or in writing before or after the date of this Deed by **ATL** to **X**. For the avoidance of doubt, this definition of information extends to and includes:
 - (a) new information created by **X** which is based on or incorporates (whether in a modified form or not) information supplied by **ATL**; and
 - (b) any notes, records or copies (including electronic copies) made of information supplied by **ATL**.
- 2. In consideration of **ATL** disclosing the Information to **X**, **X** agrees that:
 - (a) All the Information disclosed by **ATL** and copies of it made by **X** are confidential Information of **ATL**;
 - (b) The Information:
 - (i) may be disclosed and/or used solely by **X** for the purpose of considering whether **X** wishes to do business with **ATL** as aforesaid;

- (ii) must be kept confidential; and
- (iii) may only be disclosed by **X** to **X's** advisors who have a need to know (and only to the extent that each has a need to know) and who are aware and agree that the Information must be kept confidential;

(c) **X** must ensure that at all times **X** safeguards the Information from unauthorised use and disclosure notwithstanding that the parties may have otherwise ceased to have any relationship with each other;

(d) The obligations of non-disclosure and confidentiality continue to apply to Information that is, or after this Deed is signed becomes public knowledge;

(e) **X** must return the Information to **ATL** on request together with all copies or undertake that all copies of the Information under the control of **X** have been irretrievably destroyed;

(f) In the event **X** is required to disclose the Information or any of it by operation of law **X** will advise **ATL** as soon as possible of the requirement to disclose, providing full particulars of the requirement to disclose, the party requiring disclosure and the Information to be disclosed and will provide **ATL** with all assistance at **ATL's** cost that **ATL** in its sole discretion may require to resist or otherwise deal with the requirement to disclose;

(g) **X** must not disclose, use or refer to Information in any way which is detrimental to or in competition with **ATL**;

(h) **X** has no proprietary or other interests or rights in the Information;

(i) **ATL** does not warrant the completeness, accuracy or fitness for the purpose of the information;

(j) **X** will not mingle the Information with **X's** information, documentation or other records;

(k) except as otherwise allowed for under the terms of this Deed, **X** will keep the Information at its principal place of business in New Zealand.

3. (a) This Deed is to be construed under the laws of New Zealand and the parties by signing this Deed submit to the jurisdiction of the New Zealand judicial system.

(b) Any dispute arising from this Deed or the Information that cannot be resolved between the parties within 14 days of written notification of the dispute being provided by the aggrieved party to the other may be referred by either party to the High Court in Wellington for adjudication.

(c) Nothing in this Deed shall prevent a party to this Deed from seeking urgent relief in a Court of competent jurisdiction.

(d) The parties acknowledge that damages may not be a sufficient remedy for breach of this Deed.

- 4. This Deed is binding upon the parties, their successors, assigns, representatives, agents, employees, officers and related businesses.
- 5. This Deed supersedes all other arrangements regarding or otherwise affecting the provision of the Information.

SIGNED as a Deed by:

_____)
Name Signature

And

_____)
Name of partner / spouse Signature

In the presence of:

_____)
Name of Witness Signature

Occupation

Address

SIGNED as a Deed by **ATL**)
)
)

Director

In the presence of

Name of Witness

Occupation

Address