

QUEST APARTMENT HOTELS

FRANCHISE APPLICATION A

Applicant name

NB: It is advisable that all applicants periodically save this form to avoid losing any information.

Please return this completed form along with a copy of your resume to:

franchising@questapartments.com.au

or via post to:

Franchise Establishment Manager

Level 21/390 St Kilda Road, Melbourne, VIC 3004

FRANCHISE APPLICATION A

Quest Apartment Hotels

In this application, any reference to 'Quest Apartment Hotels' means Quest Serviced Apartments Pty Ltd ACN 119 523 483, or any of its related or associated companies.

Confidential expression of interest

This document is not a contract and does not obligate either party in any way. You are requested to fill out this form in complete details so that we can better evaluate your interest. The information provided is held in confidence in accordance with the Privacy Policy referred to on the last page of this application.

Note: Please attach a resume for each person involved in the application.

SECTION 1 - PERSONAL INFORMATION

| | | |
|----------------------|----------------------|----------------------|
| Title | Surname | Given name(s) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|----------------------|----------------------|
| Date of birth | Email |
| <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|------------------------|
| Mobile | Telephone (home) | Drivers license number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Current residential address

| | | | |
|------------------------|----------------------|----------------------|----------------------|
| Street number and name | Town/suburb | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|--|--|
| How long have you lived at this address? | Do you own the property you live in? |
| <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Previous residential address (if lived at current address for less than 5 years)

| | | | |
|------------------------|----------------------|----------------------|----------------------|
| Street number and name | Town/suburb | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Family

| | | |
|----------------------|-----------------------------|------------------------------|
| Marital status | Full name of spouse/partner | Occupation of spouse/partner |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------------|
| Number of children | Ages of children | Number of other dependants |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Employment

| | |
|--|--|
| Are you a citizen of Australia? | If no, are you authorised to work in Australia? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|---|--|
| Have you ever worked for Quest Apartment Hotels? If yes, where and what role? | Please name your last direct manager there |
| Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/> | <input type="text"/> |

Health

Please rate your level of physical fitness

Poor Good Excellent

Do you have any condition(s) that could potentially impact upon your ability to successfully undertake the responsibilities of a franchisee? If yes, please give details

Yes No

Are you physically capable of working extended working hours on a day to day basis in order to successfully operate a Quest Franchise Business? If no, please give details

Yes No

Language skills

Rate your ability to read and write in English

Poor Good Excellent

Rate your ability to speak clearly in English

Poor Good Excellent **Computer literacy**

Rate your ability to use computers

Beginner Intermediate Advanced

Describe your level of computer literacy and your typical daily interaction with a computer

SECTION 2 - QUEST FRANCHISE OPPORTUNITY

Where did you hear about the Quest franchise opportunity? Please tick the appropriate boxes

- | | |
|---|---|
| <input type="checkbox"/> Google | <input type="checkbox"/> SEEK commercial |
| <input type="checkbox"/> Quest website | <input type="checkbox"/> Franchise business |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> FCA |
| <input type="checkbox"/> Referral | <input type="checkbox"/> Quest property |
| <input type="checkbox"/> Quest employee (if so, who?) | <input type="checkbox"/> Other (if other, please provide details) |

What are your preferred franchise locations?

| |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

Please provide the reason for your choice

| |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

Are you willing to relocate to any location within Australia if the opportunity presents itself?

Yes No

What is your ideal timeframe to own a Quest franchise? Please tick one box

- Immediate 12 months
 3 months 1 year plus
 6 months

What are your reasons for pursuing a Quest Franchise? Please number all boxes in order of importance from 1 - 6

- Personal career challenge Opportunity to work with family
 Control and independence Desire to grow personal wealth
 Security and stability Opportunity for flexible time management

What is your anticipated or expected length of time you expect to own a Quest franchise? (We understand this may change over time)

SECTION 3 - QUALIFICATION, SKILLS AND TRAINING

What is your highest level of qualification attained? (eg HSC/VCE, diploma, degree masters etc)

List academic/trade/other qualifications attained

Describe any other relevant qualification or training

SECTION 4 - CURRENT SELF EMPLOYMENT

Self employment

Are you currently self employed?

Yes No If no please go to section 5

Number of years you have owned the business?

Type of business

Did you establish this business or purchase this business?

Established Purchased

Name of business

Occupation/position

Current salary

Benefits

Estimated gross turnover this year AUD

Estimated profit this year AUD

Business address

Building name/business park

Level, street number and name

Town/suburb

State

Postcode

Please go to section 6

SECTION 5 - CURRENT EMPLOYMENT

If you are currently self employed, please go to section 6

Name of current employer

Occupation/position

Length of time with the employer

Current salary

Benefits

Employer address

Building name/business park

Level, street number and name

Town/suburb

State

Postcode

Please provide current contact person at place of employment?

Can we contact your employer in regards to this application?

Yes No **SECTION 6 - EMPLOYMENT/SELF EMPLOYMENT HISTORY**

Please list your business experience over the past ten years

| Dates | No. years | Employer name and address | Occupation/position | Salary & Benefits on leaving |
|-------|-----------|---------------------------|---------------------|------------------------------|
| | | | | |
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| | | | | |
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SECTION 7 - BUSINESS SKILLS/EXPERIENCE, APPROACH AND MOTIVATION

Are you prepared to follow the Quest Business Format System?

Yes No

What is your reason for wanting to go into business? Please explain why you have chosen a Quest Franchise?

Please rate your business experience in the following areas?

Years of experience in this area

| | | |
|----------------------------|--|--|
| Business to business sales | Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> | |
| Financial management | Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> | |
| People management | Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> | |
| Networking | Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> | |
| Customer service | Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> | |

Are there any areas in which you feel may require assistance or training?

What do you believe to be your strengths that you would bring to the Quest network and business?

What do you believe to be your weaknesses in running a Quest business?

What are you 3 key achievements in your career/business?

Are you prepared to be personally committed to this business, to work hard to achieve your business goals?

What motivates you for success in your career/business?

What do you consider to be the most important characteristics of a good business owner or manager?

What do you consider the key factors for excellent customer service?

To what extent have you been involved in sales during your career/business life?

Why do you believe Quest should grant you the rights to purchase a franchise?

What experience do you have leading teams?

Have you explored any other franchise opportunities? What is your assessment of them?

Why is it important to build relationships? Provide examples of your ability to build relationships.

SECTION 8 - RELATIONSHIPS

Do you anticipate your spouse/partner being involved in the business?

Yes No

To the best of your knowledge, are you related to any director or employee of Quest Apartment Hotels or any of its associated companies, subsidiaries or advisors? If yes, please provide their contact details.

Yes No

| | | |
|----------------------|----------------------|----------------------|
| Title | Surname | Given name(s) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Telephone | Email | |
| <input type="text"/> | <input type="text"/> | |

SECTION 9 - REFEREES

Please list 2 referees (eg employer, client, colleague, supplier etc)

Referee 1

| | |
|----------------------|----------------------|
| Name | Relationship |
| <input type="text"/> | <input type="text"/> |
| Telephone | Email |
| <input type="text"/> | <input type="text"/> |

Current residential address

| | | | |
|------------------------|----------------------|----------------------|----------------------|
| Street number and name | Town/suburb | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Referee 2

| | |
|----------------------|----------------------|
| Name | Relationship |
| <input type="text"/> | <input type="text"/> |
| Telephone | Email |
| <input type="text"/> | <input type="text"/> |

Current residential address

| | | | |
|------------------------|----------------------|----------------------|----------------------|
| Street number and name | Town/suburb | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Section 10 - Advisors

Please list any persons you will be relying on for advice about the Quest franchise (eg accountant, solicitor, financial advisor etc)

Advisors

| | |
|-------------------------|-------------------------|
| Name | Relationship |
| 1. <input type="text"/> | 1. <input type="text"/> |
| 2. <input type="text"/> | 2. <input type="text"/> |

SECTION 11 - FINANCIAL POSITION

Please indicate your current financial position (Note: if you progress through the Quest franchise selection process you will be required to show proof of your income, assets and liabilities)

| Assets (at current market value) | Liabilities |
|----------------------------------|------------------------------------|
| Current bank balance | Bank overdraft* |
| Value of house if owned | House mortgage/es* |
| Other property owned | Other loans* |
| Investment shares | Hire purchase* |
| Business assets | Other creditors |
| OTHER ASSETS | CREDIT CARDS* |
| Description: | Credit card type: |
| Description: | Credit card type: |
| Description: | Credit card type: |
| Description: | Credit card type: |
| Description: | Credit card type: |
| Total Assets (A) | Total Liabilities (B) |
| Total Equity | Balance (A minus B) |

Please provide details of your current assets.

| Asset name | Type of valuation (market, bank, or personal) | Asset value | Debt amount against asset | Equity amount in asset | If there is a loan against asset, what are the current monthly repayments? | What is the monthly income generated by the asset? | Do you intend to sell this asset to buy your franchise? |
|------------|---|-------------|---------------------------|------------------------|--|--|---|
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Have you given any personal guarantees for loans or other credit facilities? If so, provide details

Do you plan to have a financial partner? If yes, will he/she be active?

Yes No

Yes No

If yes, how will they contribute?

SECTION 11 - BUSINESS DETAILS

Will you apply on behalf of a company, trust or partnership?

Yes No If no, please go to section 12

If yes, please select an option

Company Trust Partnership

Business name

Registered office address

Building name/business park

Level, street number and name

Town/suburb

State

Postcode

Director(s)

Secretary(s)

Shareholder(s)

Trust details

Trust type

Trust name

If business is a trust, please provide beneficiaries.

SECTION 12 - LEGAL POSITION

Are you a declared or undeclared bankrupt?

Yes No If yes, please provide date.

Is any legal action current, pending or historical against you or any company associated with you? If yes, please provide reasons.

Yes No

SECTION 14 - APPLICANT CERTIFICATION

I understand that the purpose of this application is for Quest Apartment Hotels to obtain (only) information about the applicant. It is in no way binding upon either Quest Apartment Hotels or the applicant. I certify that the information provided in this application is true or correct.

Applicant signature

Date

Further information regarding your application

1. Please return this completed form along with a copy of your resume to:
franchising@questapartments.com.au or via post to: **Level 21/390 St Kilda Road, Melbourne, VIC 3004**
2. Should you have any queries in relation to your Franchise Application A, please contact the Franchise Establishment Manager on **(03) 8699 1500** or via email: **franchising@questapartments.com.au**
3. The information collected by Quest Apartment Hotels in relation to your application is for the purpose of assessing your suitability to purchase a Quest franchise.
4. Quest Apartment Hotels may contact the referees referred to in your application, seek to verify relevant information detailed in your application, or seek further information.
5. Quest Apartment Hotels may conduct inquiries into the applicant's credit history (including conducting a bankruptcy search, a credit default check and a national police check) and obtain ASIC (or other) searches (if applicable).
7. In accordance with the Privacy Act 1988 (Cth), in certain circumstances you are entitled to access to your Personal Information. If you would like access to your Personal Information held by Quest, please contact Quest Apartment Hotels, Level 21/390 St Kilda Road Melbourne, VIC 3004.
8. If you would like a copy of our Privacy Policy relating to Franchisees please write to the Quest Apartment Hotels, Level 21/390 St Kilda Road Melbourne, VIC 3004.