



**Business Support Member**

## ***Application for Business Support Membership***

**Irish Franchise Association**

## Business Support Services

An additional category of membership for companies providing dedicated business support to the franchise sector is available to applicants who meet the following criteria:

- Dedicated staff to supporting the franchise sector;
- Is a legal person or corporate body carrying on business as a trading entity;
- Certifies that the company has been operational for a minimum of 2 years and provides evidence that it is financially sound;
- Is prepared to and does disclose reasonable details of its services in connection with franchising if called upon by the Board to do so;
- Is carrying on any business not covered in any other membership category (*e.g. Printing, Software Sales, HR Consulting, Staff Recruitment, Design, Marketing, Public Relations, etc.*)

Checklist of documentation and information required for application:

1. Completed application form.
2. Bank reference form – confirming the business support services company continues to meet terms and conditions of their banking arrangements.
3. Copies of the most recent client base with contact details.
4. Certificate of incorporation.
5. Current prospectus/info pack.
6. Confirmation that a programme of ongoing support for the franchise sector is in place.
7. Three trade creditor letters.
8. Written authorisation to take up trade references / referees.
9. Copy of most recent trading accounts.

# Membership Application Form for Business Support Services Membership

## 1. Applicant Details

(a) Please tick ✓ the square beside the category which describes your type of organisation or structure:

Limited Company ☐

Sole Trader ☐

Partnership ☐

Public Company ☐

Other (please describe) ☐

(b) Full Name/s:

(c) Trading Name (if different):

*(both names will appear on the Certificate of Membership)*

(d) Full Names (including all former names) of Directors or Partners:

(e) Incorporation Date:

(f) Co. Reg No:

- (g) Vat Number: \_\_\_\_\_
- (h) Street Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (i) Postal Address  
(If different) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (j) Web Site Address: \_\_\_\_\_
- (k) Email: \_\_\_\_\_
- (l) Phone: \_\_\_\_\_
- (m) Fax: \_\_\_\_\_
- (n) Contact Name/s: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (o) Mobile No: \_\_\_\_\_
- (p) List affiliated or associated companies (if any) and indicate relationship to applicant  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. Business Support System Details

(a) Where does your franchise support system originate from?

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(b) If overseas, please state where?

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(c) Are you trading under license or agency?

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(d) If yes, please give details of licensor:

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Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

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Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

State completely and concisely the exact nature of your business. This should indicate a description of the product or service and its distribution from you to the ultimate consumer. *(This information (max. 30 words) will also be used for your listing on the Association's website).*

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(e) In which year did this business begin operating? \_\_\_\_\_

(f) The number of company owned units, if any, operating at present. \_\_\_\_\_

(g) Have you dedicated resources to support the franchise sector?

Yes ☐ No ☐

If yes please what level of resources are in place to support the franchise sector:

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(h) How many people are employed in the support services sector?

Less than 10 ☐ 10 - 50 ☐ Over 50 ☐

(i) List any trade country associations of which the country applicant, or any overseas country applicant principal is a member.

Country: \_\_\_\_\_

### 3. Solvency Declaration

Please have the following completed by your accountant:

*The undersigned hereby certifies that they have reasonable grounds to believe that the applicant will be able to pay its debts as and when they fall due and that the applicant is solvent as at today's date.*

**Signed:** \_\_\_\_\_  
*Director/Partner/Principal*

**Signed:** \_\_\_\_\_  
*Director/Partner*

**Dated:** \_\_\_\_\_ **Stamp:** \_\_\_\_\_

## 4. Application Fee

Please make a cheque made payable to the **Irish Franchise Association** or make payment by credit card.

For credit card payments of your Application Fee, please complete the following:

Please Debit my Credit Card:      **Visa** ☐      **Mastercard** ☐  
(Please place a tick ✓ in the relevant box)

|                      |   |                              |             |
|----------------------|---|------------------------------|-------------|
| <b>Expiry Date:</b>  | / | <b>Amount to be Debited:</b> | <b>€650</b> |
| <b>Card Number:</b>  |   |                              |             |
| <b>Name on Card:</b> |   |                              |             |
| <b>Signature:</b>    |   |                              |             |

## 5. Lodging Your Application

Please submit the completed Application Form and attachments to:

**Irish Franchise Association**  
**Kandoy House,**  
**2 Fairview Strand,**  
**Dublin 3**

**Phone: +353 1 8134555**  
**Email: [info@irishfranchiseassociation.com](mailto:info@irishfranchiseassociation.com)**  
**Web: [www.irishfranchiseassociation.com](http://www.irishfranchiseassociation.com)**

## Declarations & Commitments

I/We hereby apply for membership with the Irish Franchise Association in the category of Business Support Services. I/We have received and read the conditions which apply to membership of the Association and in making this application agree that my/our company will use its best endeavours to meet those conditions.

1. I/We can confirm that the information provided in and with this application is a true representation of the facts and includes all information which might be reasonably regarded as pertinent to my acceptance by the Irish Franchise Association.
2. I/We agree to comply with the Association's requirements and conditions for re-accreditation and any amendments thereto agreed by the Association.
3. I/We agree to comply with the Association's Code of Ethical Conduct and any amendments thereto agreed by the Association.
4. I/We agree to abide by the Advertising Standards Authority Code of Practice.
5. I/We agree that we will not sell, offer for sale or distribute any product or render any service, or promote the sale or distribution thereof, under any representation or condition which has a tendency, capacity or effect of misleading or deceiving purchasers or prospective purchasers.
6. I/We agree to notify the Association at the earliest possible opportunity of any material change in ownership, direction, financing or operation of my/our business and to provide copies of new relevant legal documents.
7. I/We agree to provide authorised officials of the Association access to but not copies of confidential information reasonably required accrediting or re-accrediting our company to membership but only on the basis that the Association contractually requires its officials to maintain the confidentiality of same information.
8. I/We understand that I/We are not under any obligation to seek future membership and that the Association is under no obligation to accept any future application from us. I/We also understand that if I/We are accepted as a member, that membership may be withdrawn by the Association if it has reasonable cause to do so with no refund of monies due.
9. I/We authorise any credit and/or reference checking and inquiry verifying the details of this application the Board of the Association may require.
10. I/We confirm that I/We understand that membership may be suspended or terminated by the Association if I/We fail to comply with the Rules, the Code of Practice and the Code of Ethics or I/We are found to have made any false statements or misrepresentations in relation to this application.



11. I/We also confirm that I/We clearly understand as members of the Business Support Services category that we have no entitlement to voting rights with the Association as enjoyed by all other categories of membership.
12. I/We confirm that through our membership of the Irish Franchise Association we will not recruit incumbent franchisors or franchisees as selling agents of our products and services and that only company dedicated resources will be used to support the franchise sector.
13. I/We confirm that we have dedicated resources in-house to support our Franchisor/ Franchisee clients.
14. I also understand that companies will only be entitled to membership of the Business Support Services category for a maximum period of one year (ends Dec 31st) and renewal of membership will need to be submitted annually.

To be signed by the Chairman or Managing Director making the application.

Signed:

\_\_\_\_\_

For and on behalf of:

\_\_\_\_\_

Position Held:

\_\_\_\_\_

In the presence of:

\_\_\_\_\_

*Practising Solicitor / Commissioner for Oaths*

Dated:

\_\_\_\_\_