

# **MIRH**

R E T A I L

**CONFIDENTIAL**

## **COMMISSION RETAILER APPLICATION FORM**

**MRH Retail  
Vincent House  
4 Grove Lane  
Epping  
Essex  
CM16 4LH**

Please fill in all sections. Failure to do so may result in the rejection of your Application.

<b>PERSONAL INFORMATION:</b>			
Surname (Block capitals):		Other Names (in full):	Photograph:
Permanent Address:		Telephone No:	
Post Code:			
Date of Birth:	Place of Birth:	Nationality:	
Are you registered on the Electoral Role and if so, for how long?:			
Marital Status:			
Single <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Racial Origin:		Name of her / his employer:	
Number of persons dependent on you for support:		Have you any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:	
Have you had any serious illness within the last five years? If Yes, please describe:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you going to require a loan from the bank? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes please indicate an amount			£.....
How much capital do you have to invest in the business Including the loan facility			£.....
Are you prepared to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no please give reasons:			
<b>SECONDARY EDUCATION:</b>	<b>Location</b>	<b>Dates From - To</b>	<b>Qualifications and Subject</b>
<b>School or College</b>			
Any retailing training? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please describe:	

Any sales training? <input type="checkbox"/> <input type="checkbox"/> If Yes, please describe:				
Yes                      No				
Any bookkeeping training? <input type="checkbox"/> <input type="checkbox"/> If Yes, please describe:				
Yes                      No				
Describe any other studies undertaken and qualifications gained:				
Give particulars of employment during the last ten years:				
From	To	(If self-employed please state)	Position Held	Reason for Leaving
Telephone Number of most recent employer:				
If you have not worked in the service station business, what suitable experience have you? Please describe.				
i)	Handling and accounting for cash If Yes, please describe	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
ii)	Staff recruitment and supervision If Yes, please describe	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
iii)	Have you any practical experience of the following aspects of a retail business? If Yes, please describe	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
iv)	Stock control If Yes, please describe	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
v)	Selling to the general public If Yes, please describe	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
vi)	Using computerised tills If Yes, please describe	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever been dismissed, suspended or required to resign? If Yes, state reason:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other information:				
Have you any driving convictions or impending prosecution? <input type="checkbox"/> <input type="checkbox"/>				



I hereby authorise you to make enquiries as necessary. I understand that this application will be treated in confidence and that no references will be taken up without my prior knowledge.

Date \_\_\_\_\_  
\_\_\_\_\_

Signature

(Ref: RBS.ts.Application)

To: Bank plc

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.....  
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Re: Account Number

I / We authorise you to reply to all requests for bankers opinions you may receive concerning my / our ability to meet any financial commitments.

This authority is to remain in force until you receive written revocation signed by me / us.

Signed: \_\_\_\_\_ - Print \_\_\_\_\_ Name: \_\_\_\_\_

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