



Cosway New Zealand Ltd

Unit 3, 24 Bishop Dunn Place, Botany South, 2013 Auckland
Tel: 09 253 9878 Fax: 09 274 4858

**Cosway New Zealand Ltd
eCosway Store Operator Applicant Process Flow**

- 1) An eCosway Independent Business Owner.
- 2) Must be a New Zealand Citizen OR a New Zealand Permanent Resident (PR).
- 3) Willing to commit and be personally involved in operating the stores on a full-time basis.
- 4) Must pass an Assessment Test on eCosway marketing plan and range of products.
- 5) Be between 25 and 55 years of age. (Applicants who do not fall within this age range but have outstanding qualifications and skills may be considered.)
- 6) Must have achieved at least e\$3000 total income for the past 3 months based on calendar month.*

*Fulfillment of the requirement alone only qualify you to apply for store operatorship, does NOT automatically guarantees or confirms your appointment as a store operator.
- 7) Must maintain at least e\$1000 total income per month before appointment & hand over of store.
- 8) Consents to Cosway New Zealand Ltd conducting a background and credit check.
- 9) Must have a committed group of at least three (3) downlines willing to work in the store.
- 10) Willing to prepare and submit a Store Survey Report for the proposed store location together with the application.
- 11) Pay a refundable security deposit of NZ\$3,000.

Note:

1. eCosway has absolute discretion to reject any proposed location deemed unsuitable for an eCosway store without giving any reasons.
2. Approval of store location is not to be interpreted as an indication or inference or confirmation that the proposer will be appointed as the store's operator.
3. Any cost or fees or incidentals incurred in the preparation and submission of the proposal, including the site survey, will be borne by the applicant and is not claimable from eCosway.
 - The eCosway Store Operator Application Form can be obtained from any eCosway Stores or downloaded from our website at www.ecosway.com/nz .
 - Individuals who fulfil the above application requirements can submit the duly completed application forms and relevant supporting documents to nz.store@ecosway.com.



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1. Applicants submit completed eCosway Store Operator Application Form to nz.store@ecosway.com.



2. Cosway New Zealand Ltd Management reviews the application and sends a Training Invitation Letter to applicants who meet the application criteria by the 15th of each month.
(e.g. For applications submitted before 31st Aug, the outcome will be announced by 15th Sept via email)



3. Applicants who have attended the training session will be required to sit for a Training Assessment. Upon the passing of the assessment, applicants will then be invited for an Interview Assessment.

* Note: Main applicant **MUST** attend the Store Operator Training and pass the test.



4. Background and credit check will be conducted on candidates who are successful in the Interview Assessment.

*Note:

Should there be more than one applicant who qualify for the same location, Management will only appoint the highest network performance applicant as the store operator.



5. Applicants selected as Store Operators will receive an Appointment Letter from Cosway New Zealand Ltd.

Should you have any queries regarding the above, please email us at customerserviceau@ecosway.com. We will be most happy to assist you.

Thank you.

The Management
Cosway New Zealand Ltd

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FOR OFFICE USE ONLY

SERIAL NO.

**COSWAY NEW ZEALAND LTD
APPLICATION FORM FOR FREE STORE OPERATOR**

<p>THIS FORM CONSISTS OF TWO SECTIONS:</p> <p>SECTION A: STORE OPERATOR APPLICATION PLEASE ATTACH DRIVER'S LICENSE AND PHOTOGRAPHS.</p> <p>SECTION B: SURVEY ON PROPOSED AREA/SUBURB PLEASE ATTACH LOCATION MAP/ PHOTOGRAPHS (TOWN SUBURB & THE MAIN STREETS) OF YOUR PROPOSED AREA.</p> <p>NOTE: ALL INFORMATION DISCLOSED IN THIS FORM WILL BE TREATED WITH STRICT CONFIDENCE.</p>	MAIN APPLICANT'S PHOTO
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SECTION A**1. PERSONAL DETAILS**

DETAILS	MAIN APPLICANT
FULL NAME / COMPANY NAME	
ID NO / IRD NO.	
eCOSWAY MEMBERSHIP NO	
JOINING DATE	
DATE OF BIRTH	
AGE	
CONTACT NO	
EMAIL ADDRESS	
RESIDENCE ADDRESS	
SEX	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
MARITAL STATUS	SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>

2. EDUCATION LEVEL

NAME OF SCHOOL/ COLLEGE/ UNIVERSITY	YEAR		QUALIFICATION ACHIEVED
	FROM	TO	

LANGUAGE PROFICIENCY		COMPUTER SKILL
WRITTEN	SPOKEN	

3. EMPLOYMENT RECORD			
DETAILS	PRESENT	PAST (1)	PAST (2)
NAME OF COMPANY			
ADDRESS			
NATURE OF BUSINESS			
POSITION HELD			
MONTHLY INCOME (NZ\$)			
YEARS EMPLOYED			

4. NO. OF CHILDREN				
	<u>NAME</u>	<u>AGE</u>	<u>SEX</u>	<u>ID NO (IF APPLICABLE)</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

5. OTHERS INFORMATION / DETAILS	
A) MEMBERSHIP IN OTHER DIRECT SELLING COMPANIES AND HIGHEST POSITION HELD	
<u>COMPANY</u>	<u>HIGHEST POSITION</u>
i. _____	_____
ii. _____	_____
iii. _____	_____

B) RETAILING/ SELLING EXPERIENCES

INDUSTRY

DURATION (YEARS)

- i. _____
- ii. _____
- iii. _____

C) EARLIEST DATE ABLE TO START OPERATING

D) DO YOU HAVE RELATIVES WHO ARE ALREADY COSWAY STORE OPERATOR(S)?

YES NO

IF YES, PLEASE PROVIDE NAME(S)

6. FINANCIAL INFORMATION

A) PROVIDE DETAILS OF YOUR ASSETS AND LIABILITIES

ASSETS	VALUE	LIABILITY	VALUE
House	\$	Mortgage	\$
Bank Account	\$	Overdraft	\$
Shares	\$	Other Liabilities	\$
Other Investments	\$		\$
Other Assets	\$		
Total	\$	Less	\$
		Net Assets	\$

B) HAVE YOU EVER BEEN ADJUDGED A BANKRUPT IN THE PAST?

IF YES, PLEASE PROVIDE DETAILS.

7. REFEREES (REFEREES PROVIDED SHOULD NOT BE RELATIVE OR PRESENT EMPLOYER)		
DETAILS	REFEREE 1	REFEREE 2
FULL NAME		
ID NO		
eCOSWAY MEMBERSHIP NO		
ADDRESS		
CONTACT NO		
RELATIONSHIP		

8. DECLARATION / CONSENT

I HEREBY SOLEMNLY DECLARE THAT THE INFORMATION DISCLOSED IN THIS APPLICATION IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING. I UNDERSTAND AND ACCEPT THAT ANY FALSE STATEMENT OR WITHHOLDING OF ANY RELEVANT INFORMATION MAY PROVIDE GROUNDS FOR THE WITHDRAWAL OF ANY OFFER OF APPOINTMENT OR FOR ITS IMMEDIATE CANCELLATION IF THE APPOINTMENT HAS BEEN ACCEPTED.

I understand that by signing this application, consent is given to Cosway New Zealand Ltd to

- Disclose to a credit reporting agency personal information about me including: identity particulars.
- Obtain to a credit reporting agency a report containing personal credit information about me and, a report containing information about my commercial activities or commercial credit worthiness, to enable Cosway New Zealand Ltd to assess this application for the position of company store operator. I further consent to and acknowledge that Cosway New Zealand Ltd may at it's discretion obtain second and/ or subsequent credit reports to assess this application.
- Give and obtain from any credit provider(s) that may be named in this application or in a report held by a credit reporting agency information regarding this application.

Note: A security deposit of \$3,000 will be required from all free store operators. This deposit will need to be paid upfront before the commencement of the store.

SIGNATURE OF APPLICANT

DATE

SECTION B

1. PROPOSED AREA / SUBURB

(NOTE: IF YOU WOULD LIKE TO PROPOSE ADDITIONAL AREA(S), KINDLY REPRODUCE SECTION B AND SUBMIT TOGETHER)

2. DETAILS OF THE FOLLOWING ESTABLISHMENTS IN THE PROPOSED AREA/ SUBURB		
ESTABLISHMENT	NUMBER	NAME
BANK		
SUPERMARKET		
CINEMA		
OTHER DIRECT SELLING COMPANY		
GOVERNMENT OFFICES		
RESIDENTIAL AREAS <i>(STATE NO. OF APARTMENTS, OR RESENTAIL UNITS IN EACH AREA IN BRACKETS)</i>		

3. STATE YOUR SALES PROJECTION

WITHIN 6 MONTHS: \$ _____ PER MONTH **MORE THAN 1 YEAR:** \$ _____ PER MONTH

STATE YOUR IDEAS AND GROWTH PLAN TO MEET YOUR SALES PROJECTION OF YOUR PROPOSED AREA

(NOTE: IN ANY CASE THE PROPOSED LOCATION IS SECURED BY THE COMPANY, DOES NOT MEAN THE APPLICANT WILL BE AUTOMATICALLY BE CHOSEN AS THE OPERATOR.)


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COSWAY NEW ZEALAND LTD STORE SURVEY REPORT

STORE OPERATOR APPLICANT PERSONAL DETAILS

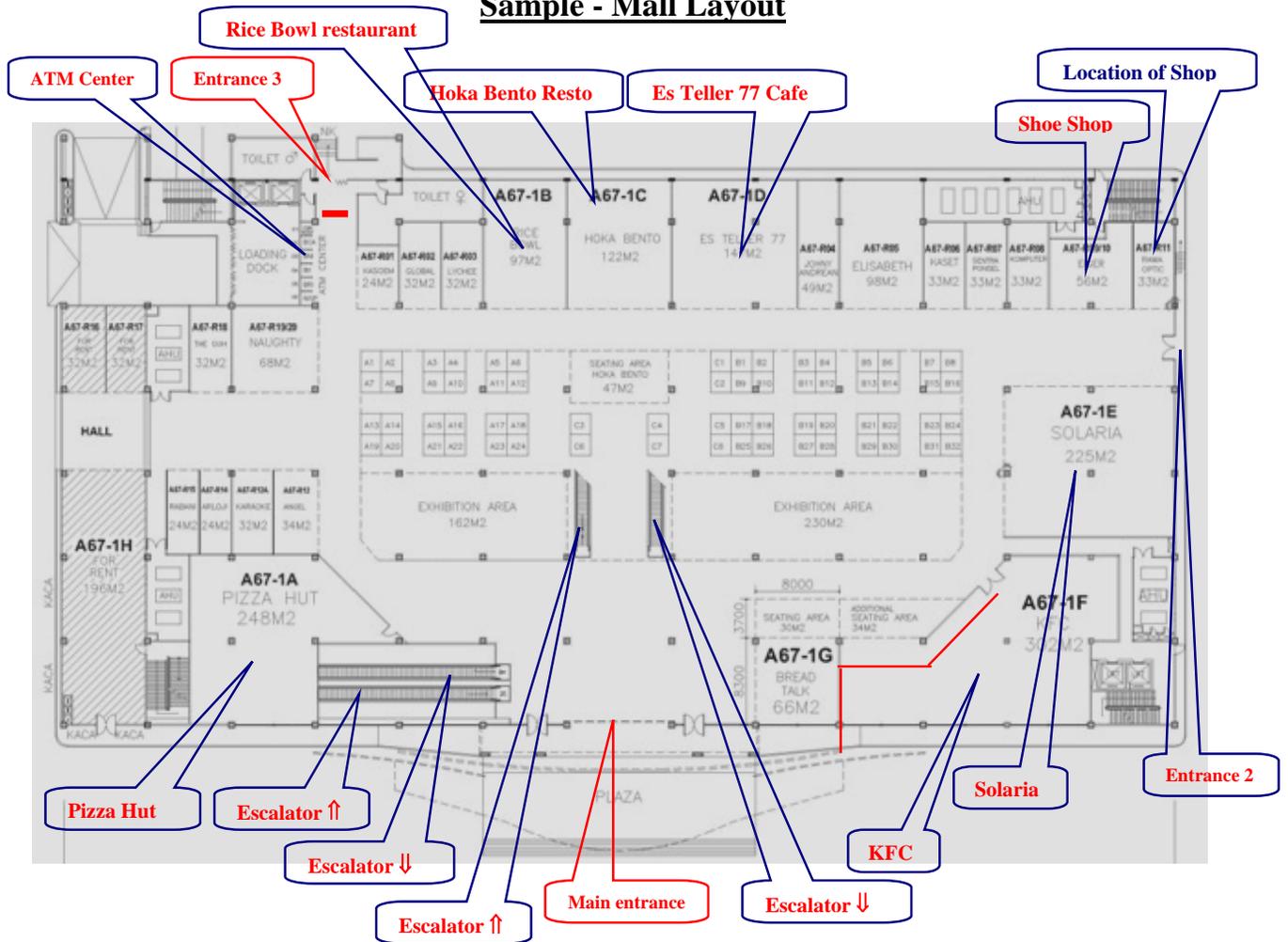
Full Name (As per ID) / Company Name	
ID. No / IRD No.	
eCosway Membership No.	
Contact No.	
Email Address	
Name of Upline & BO ID	

PROPOSED AREA / SUBURB DETAILS

Proposed Area / Suburb	
Name of Shopping Complex/ Proposed Lot & Address	

CRITERIA	DESCRIPTION
General Information: Trade Area Demographics -population -expenditure -income -car ownership -age -birth place -employment -housing	
Proposed Lot	Size of Shop : Level : Proposed Rental: Rental Period : Payment Scheme:

Sample - Mall Layout



Sample - Shoplot (Street layout)

