

12. HOW MANY CHILDREN HAVE YOU? SONS DAUGHTERS

NAME	AGE	ADDRESS	OCCUPATION	CONTACT NO.
.....
.....
.....

12.1 NEXT OF KIN (Please provide the following details):

NAME	ADDRESS	TELEPHONE	RELATIONSHIP
.....
.....

12.2 PROVIDE NAMES OF OTHER RELATIVES OR CLOSE FRIENDS:

NAME	ADDRESS	TELEPHONE	RELATIONSHIP
.....
.....

13 GIVE THE NAME AND ADDRESS OF YOUR DOCTOR OR HOSPITAL:

.....

.....

13.1 HOSPITAL CARD NO: MEDICAL AID NO:

14. STATE BRIEFLY WHY YOU ARE SEEKING ADMISSION:

.....

.....

15. TO ENSURE THAT YOUR ASSETS ARE PLACED UNDER YOUR EXECUTORS CONTROL PLEASE SUPPLY THE FOLLOWING INFORMATION:

15.1 Do you have a Will? YES / NO (Delete which is not applicable)

If yes, where is it lodged?

Who are your Executors?

15.2 NAME OF PERSON TO BE CALLED IN THE EVENT OF YOUR PASSING AWAY:

.....

15.3 PLEASE SUPPLY THE NAME OF YOUR BURIAL SOCIETY:

.....

15.4 Reference number of the policy.....Value.....Paid up YES / NO

15.5 Who holds the policy?

UNDERTAKING BY APPLICANT

I, the undersigned, (Full name)

Do hereby declare that:

- 1. To the best of my knowledge, the particulars furnished in this application are true and correct.
- 2. My full medical history and financial status have, to the best of my knowledge and belief been completely disclosed in my application and the supporting documents.
- 3. I agree to abide by the requirements set out on page 4.
- 4. I fully understand that, in the event of my having failed to disclose any information which could have precluded the acceptance of my application, the Organisation shall have the right to terminate my residence on one month's notice.

DATE:..... APPLICANT.....

WITNESS: 1

WITNESS: 2

UNDERTAKING BY NEXT OF KIN

I, the undersigned,(full name)

Hereby accept conditions.

DATE:..... SIGNED:.....

RELATIONSHIP:.....