

CAPE PENINSULA ORGANISATION FOR THE AGED

Head Office:

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STRICTLY PRIVATE AND CONFIDENTIAL

APPLICATION FORM FOR ADMISSION TO: **Option 1:**
Option 2:
Option 3:

Please note: (a) That this form must be completed in Applicant’s own handwriting.
(b) Completion of a CPOA Medical Certificate will be required.

1. Full Name			
2. Present Address:			
			Postal Code
3. Telephone No.:		Cell Phone No.	
4. E-mail address:			
5. Identity No.			
6. Nationality			
7. Date of Birth:			
8. Marital Status:			
8.1 If married, state name of spouse:			
9. Home Language:			
10. Religion			
11. (a) What was your occupation or profession?			
(b) What is or was your husband\’s\’wife’s occupation or profession?			
12. Details of children:			
Name	Age	Address	Present Occupation
13. Name\Address\Tel. No. of next of kin or contact Person:			
14. State briefly the reason why you are seeking admission to this complex:			
15. Type of accommodation applied for:			
16. When do you require accommodation:			
17. Name\address\telephone number of your doctor to be contacted in an emergency:			
18. Medical Aid Scheme and number:			
19. Which funeral parlour would you wish Management to contact:			

FINANCES

Please complete Annexure B and provide proof of financial status by attaching a verified statement of sufficient income to cover all liabilities.

Should you not have the above required income, please have a family member sign a Deed of Surety for the balance.

The payment of the monthly tariff should be by debit order. Please complete the enclosed debit order form.

Any change in your financial status affecting your ability to afford the minimum amounts required must be reported immediately to the Manager.

UNDERTAKING BY APPLICANT

- (a) I hereby declare that the information furnished by me is, to the best of my knowledge, true and correct.
- (b) My full medical history and financial status have, to the best of my knowledge and belief been completely disclosed.
- (c) I agree to abide by the requirements set out in Annexure A.

Signature of applicant

Date

N.B. When returning this form it must be accompanied by a payment of R50.00 (Fifty rand). This is a non-refundable administrative fee.

