



**ACKNOWLEDGEMENT of DEBT**

I.....

do hereby acknowledge

- 1) my responsibility to ensure that any recurring or intermittent accounts are paid timeously and that failure in this regard will result in legal action being taken by CAPE PENINSULA ORGANISATION FOR THE AGED to recover amounts owed.
- 2) the right of CAPE PENINSULA ORGANISATION FOR THE AGED on my death to apply to my estate for payment of any amount which may be due to CPOA.

DATED AT .....THIS THE .....DAY OF.....201...

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AS WITNESSES:

1. \_\_\_\_\_

2. \_\_\_\_\_