



Article 21 Company – Reg. No 2009/001374/08 (Yahweh Yireh Ministry, trade as)

Fundraising Number 006 – 641 NPO under OCSA

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## **APPLICANT FORM SEEKING ADMISSION TO HUIS OASE.**

### **IMPORTANT NOTICE TO ALL APPLICANTS**

Kindly read the attached application forms very carefully before completing.

1. All questions must be answered in detail. Incomplete forms cannot be considered.
2. Husband and wife must complete separate forms.
3. Bank Statement (3 Months) must state monthly income.
4. Copy of Identification
5. 'Undertaking of Next-of-Kin' must be signed by a family member or the holder of 'General Power of Attorney' in order to have your application considered.

### **PERSONAL INFORMATION:**

SURNAME ..... TELEPHONE .....

FIRST NAMES .....

NICKNAME .....

PRESENT ADDRESS .....

..... CODE .....

DATE OF BIRTH ..... MARITAL STATUS .....

IDENTITY NO ..... PREV. OCCUPATION .....

NATIONALITY ..... HOME LANGUAGE.....

GENDER ( ) Male ( ) Female      MOBILE SERVICE PROVIDER.....

HIGHT ..... WEIGHT..... SHOE SIZE .....

SHIRT SIZE ..... PANTS SIZE .....

RELIGIOUS DENOMINATION .....

CHURCH .....

**MEDICAL:**

MEDICAL AID NUMBER .....

MEDICAL CONDISION.....

MEDICINE/CHRONIC.....

DISABILITIES IF ANY.....

ALLERGIES IF ANY.....

I AM ABLE TO TAKE MY ONE MEDICINE: YES( ) NO( )

**PERSONAL FINANCIAL INFORMATION:**

TOTAL INCOME:

Pension Received (type of pension) .....

Amount received .....

Other Income (from family or investments) .....

Amount received .....

Life Insurance (Institution & Policy Number) .....

In the event of an emergency/change in medical condition/death, please furnish the names of two contactable persons:

1. .... CELL PHONE .....

HOME PHONE .....

WORK PHONE .....

RELATIONSHIP .....

2. .... CELL PHONE .....

HOME PHONE .....

WORK PHONE .....

RELATIONSHIP .....

IT IS UNDERSTOOD THAT THE ABOVE-MENTIONED PERSONS WILL CONTACT ALL OTHER FAMILY MEMBERS.

**DETAILS OF NEXT-OF-KIN:**

Names and addresses of all immediate next-of-kin.

NAME ..... SURNAME.....

SPOUSE NAME .....

ADDRESS.....

.....PHONE (HOME).....

CELL NUMBER.....CELL NUMBER SPOUSE .....

EMAIL.....EMAIL SPOUSE .....

RELATIONSHIP.....

WHERE IS YOUR ORIGINAL WILL LODGED? .....

POWER OF ATTORNEY .....

(It is a condition of admission that, in the event of you not being able to conduct your own affairs, your Power of Attorney is held by your financial institution, lawyer, or next-of-kin).

DO YOU HAVE A FUNERAL POLICY? .....

(If no policy, which Undertakers must be contacted?)

FIRM OF UNDERTAKERS .....

In the event of your death and not having a funeral policy, please state name and address of person responsible for any debts incurred:

NAME .....

ADDRESS .....

SIGNATURE OF PERSON RESPONSIBLE FOR ANY DEBTS INCURRED:

.....

**Declaration**

- I submit the application to Huis Oase, and once admitted, undertake to comply with the "Rules and Regulations" in operation for the time being, and such alterations as may be made to such rules from time to time. I acknowledge receipt of a copy of the "Rules and Regulations" in operation as at the date of signing this agreement.
- I declare that the information given relating to my monthly income and assets has been accurately and fully stated.
- I promise to pay my monthly accommodation fee.
- I will update my income information annually or if it changes.
- I consent to the Home, if it so desires, drawing my monthly pension, and for this purpose shall sign a Special Power of Attorney, which will be irrevocable whilst I am resident in the Home and will be acted upon at the sole discretion of the Home's Management.
- I understand that this is not an assisted living facility and I will have to move to a different facility should I require assisted living.

I also note and agree that:

1. The Home cannot accept any responsibility for any personal possessions, jewelry, documents, appliances, etc. brought into the Home by the residents, or for any injury sustained by a resident.
2. Should the necessity arise for an urgent emergency operation on me, and my next-of-kin is not available, the Matron/ Management shall furnish the consent required by the hospital.

Have you ever been resident in this or any other institution for aged or infirm?

Yes( ) No( )

If yes, please give name of institution, date, and reason for leaving .....

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**DATE SIGNATURE OF APPLICANT**

This form has been signed in my presence and the applicant has declared that the statements to be true and correct.

Name of admission officer .....

Applicant Signature..... Date.....

**UNDERTAKING BY NEXT-OF-KIN**

I (FULL NAME) ..... IDENTITY NUMBER.....

of (ADDRESS) .....

being the .....of the applicant, do hereby contract and undertake to remove the said applicant within a period of 30 (Thirty) days from the date of the request made by the Home or the applicant.

Signature..... Date.....