

LEISURE HOMES FOR SENIOR CITIZENS

P O Box 2067 Beacon Bay 5205

APPLICATION FOR A L.O.R. COTTAGE/FLATLET

1. SURNAME: _____ (MR/MRS/MISS)
2. FIRST NAMES: _____
3. ADDRESS: _____
4. TELEPHONE: (HOME) _____ (CELL) _____
5. DATE OF BIRTH: _____ MARITAL STATUS: _____
6. NATIONALITY: _____ ID No. _____
7. HOME LANGUAGE: _____ RELIGION: _____
8. NAME & ADDRESS OF MEDICAL PRACTITIONER: _____

9. PARTICULARS OF **ALL** YOUR NEAREST RELATIVES:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Telephone</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. I/We wish to purchase Life Occupation Rights to: Year required:

- | | |
|--|--------------------------------|
| <input type="checkbox"/> ONE BEDROOM (Endowed) | <input type="checkbox"/> 2010 |
| <input type="checkbox"/> TWO BEDROOM (Endowed) | <input type="checkbox"/> 2011 |
| <input type="checkbox"/> FLATLET | <input type="checkbox"/> 2012 |
| <input type="checkbox"/> GARAGE | <input type="checkbox"/> OTHER |

11. I/We agree to submit a Leisure Homes for Senior Citizens Medical Report (signed by my/our medical practitioner) that forms the basis of my/our interview with the Matron and Medical Panel, prior to my/our occupation of a Cottage/Flatlet.

Please note that only fit persons may become Life Occupation Rights holders.

12. I/We enclose my/our refundable deposit in the sum of R1, 000. I/We understand that this deposit will be refunded should I/we no longer wish to remain on the waiting list or should I/we obtain life occupation rights to a cottage. I/we further understand that the deposit will not be interest bearing. Please make cheques payable to **Leisure Homes for Senior Citizens**.

13. I/we undertake to sign the Company's Life Occupation Rights Agreement prior to occupation of my/our unit.

14. My **total** monthly income from all sources is R_____.

15. On occupation, I/we agree to the following:

- Advise the name and address of my/our legal adviser.
- Submit a copy of my/our Will or details of where lodged.
- Execute a General Power of Attorney in favour of an individual or institution of my/our choice.
- Advise the details of my/our funeral policy.

16. I/we declare that the information supplied above is correct.

Signed at _____ this _____ day of _____ 2_____

Signature of Applicant

Signature of Spouse

Witness:

1. _____

2. _____

This form has been signed in my presence, and the applicant/s has/have declared that the aforesaid information to be true and correct and further understand this declaration.

Commissioner of Oaths