

**1 IDENTIFYING DETAILS OF APPLICANT**

Name & Surname \_\_\_\_\_

Id Number / Age \_\_\_\_\_

Current Address \_\_\_\_\_

Applicant's Current Condition \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication He/She Is On And Attending Hospital \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is The Applicant Covered In A Funeral Policy / Plan?      Yes       No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

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## 2 DETAILS OF NEXT OF KIN / GUARDIAN

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Name and Surname \_\_\_\_\_

Relation To Applicant \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Numbers \_\_\_\_\_

Alternate Contact Person And Number \_\_\_\_\_

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## 3 DETAILS OF NEXT OF KIN / GUARDIAN

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Type of pension the applicant receives \_\_\_\_\_

Does he/she have other income? (Please specify) \_\_\_\_\_

\_\_\_\_\_

**Families are required to make ‘Family contributions’ in monetary terms; therefore it is important that families are able to pay this. To this end we ask:**

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## 4 FINANCIAL DETAILS OF NEXT OF KIN / GUARDIAN

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Are you employed or have regular income?      Yes       No

Place of employment \_\_\_\_\_

Contact details of workplace \_\_\_\_\_

\_\_\_\_\_

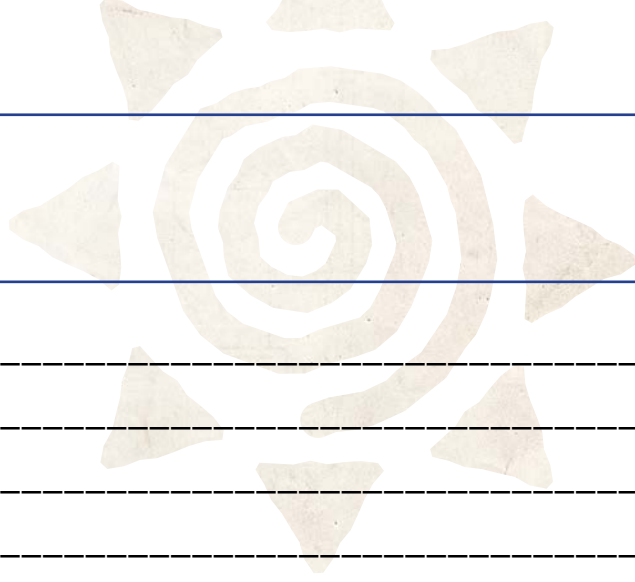
**Ability to pay additional fees as required by the home**

(Please complete the income and expenditure section of the intake forms attached.)

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**5** **ADDITIONAL  
INFORMATION**

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