

Dear Resident I Family Members,

## FEES 2015 / 2016

Please take the time to read the information carefully and should you have any queries please do not hesitate to contact our administrator:

- Sifiso Ngidi on 031469 0247 / 082 417 6937 or Nelly Ngcobo on 031469 0247 | 073 487 3618
- Before returning the required sheets to Nelly at the Home, please take the time to double check that pages 2 - 5 are fully completed and signed.

The following pages must all be completed, signed and returned together.

- Page 2 Income Declaration (of the person responsible for fee payment)
- Page 3 Payment Method
- Page 4 Debit authorisation form, with your proof of banking details (if debit order payment method is selected)

A medical report completed and signed by a medical doctor.

Thank you for your assistance and co-operation.



SP. NGIDI  
Administrator

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# INCOME AND EXPENSE DECLARATION

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## INCOME

Source	Amount
	R
	R
	R
	R
	R
<b>Total Income</b>	<b>R</b>

## Expenses

Source	Amount
	R
	R
	R
	R
	R
	R
	R
	R
	R
	R
	R
	R
	R
	R
	R
<b>Total Expenses</b>	<b>R</b>
<b>NET DISPOSABLE INCOME (Income less expenses)</b>	<b>R</b>

- Kindly provide proof of the above income. I.e. Payslips and Bank statements
- We authorise The Issy Geshen Lamont Home to do credit bureau searches on me/us and in the event of any fees due by me/us not being paid, I/we authorise The Issy Geshen Lamont Home to inform any relevant credit bureau and have my our name listed with them.

I / We declare the above financial information to be true and correct.

Full names \_\_\_\_\_

ID Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

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## PAYMENT OF FEES / PAYMENT METHOD

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In the interests of the continued provision of quality facilities and care for our residents, your fullest co-operation with regard to the payment of fees is imperative. Please be advised that if the full monthly fee cannot be paid, a lesser amount in the interim is preferable to not paying anything at all. The Administrator must be advised how and when the deficit will be settled.

**PAYMENT METHOD:** (Please tick your preference in the appropriate box below)

- **DEBIT ORDER** authorisation duly completed together with confirmation of bank account details must be provided to the Administrator (Mr S Ngidi). To this end please complete and return Page 5 (attach copy of bank statement or cancelled cheque).
  
- **Bank Transfer / Direct Deposit**

*\*For security reasons, no cash will be accepted for fees.*

### **BANKING DETAILS**

#### **THE ISSY GESHEN LAMONT HOME**

First National Bank: Mobeni  
Account No: 6202 813 6853  
Branch Code: 202 1026

Proof of payment must be sent to the Administrator:

- By hand
- By email: [sifiso@issygeshen.co.za](mailto:sifiso@issygeshen.co.za)
- By fax: 0314 622 933

Resident Full Name: \_\_\_\_\_

Residents signature: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Family Member's Full Name: \_\_\_\_\_

Family Member's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

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## DECLARATION

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I / We fully understand that:

### **GENERAL INFORMATION BROCHURE**

We have read the general information brochure and understand the contents of the brochure and the related procedures and rules.

### **FEES**

The payment of fees at The Issy Geshen Lamont Home is a required obligation of each resident.

### **PAYABLE IN ADVANCE**

Fees are payable monthly in advance.

### **PHYSICAL ADDRESS and CONTACT DETAILS**

I/We choose the address specified as our residential address contained in these documents as my/our chosen address for service of all notices and processes until I/we advise the home in writing of my/our new address, which then becomes my/our new address.

### **FEE STRUCTURE**

I/We acknowledge the fee structure as explained. Furthermore we acknowledge that a revised budget and fee will be tabled for ratification at each Annual General Meeting and this will be binding on all residents of The Issy Geshen Home.

### **DISCHARGE FROM THE HOME**

I/We acknowledge requirement of the notice period of one calendar month , to be given in writing. This will be considered after receiving a letter of motivation from the social worker or a legal guardian confirming such move.

### **HOME ADDRESS:**

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Tel (h): \_\_\_\_\_ Tel(w): \_\_\_\_\_ Tel (c): \_\_\_\_\_

Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

Resident Full Name: \_\_\_\_\_

Residents signature: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Family Member's Full Name: \_\_\_\_\_

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## DECLARATION

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Family Member's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

### DEBIT ORDER AUTHORISATION INSTRUCTION

NAME OF ACCOUNT HOLDER : \_\_\_\_\_

ID No. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL No. \_\_\_\_\_

### BANK ACCOUNT DETAILS:

(Bank Statement or copy of cancelled cheque to be attached)

BANK NAME \_\_\_\_\_

BRANCH NAME AND TOWN: \_\_\_\_\_ BRANCH NUMBER: \_\_\_\_\_

ACCOUNT NUMBER : \_\_\_\_\_

TYPE OF ACCOUNT: CURRENT (CHEQUE)/ SAVINGS/ TRANSMISSION): \_\_\_\_\_

RESIDENTS NAME AND SURNAME: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

I / we agree that the first payment instruction will be issued and delivered on \_\_\_\_\_ (date) and thereafter regularly on the last day of each month, for a period of \_\_\_\_\_ months.

I/We hereby authorise THE ISSY GESHEN LAMONT HOME to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank on condition that the sum of such payment instructions will not differ from my/our obligations as agreed to in the Contract .

The individual payment instructions so authorised must be issued and delivered on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

The payment instructions so authorised to be issued must carry the Contract Reference Number , included in the said payment instructions and must be provided to identify the specific contract. If however , the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the following business day; or subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing of not less than the interval (as indicated in the previous clause) and sent by prepaid registered post or delivered to your address indicated above.

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**MANDATE**

I/we acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally. Annual increase in fees, as approved, will be applicable.

**CANCELLATION**

I/we agree that although this authority and mandate may be cancelled by me/us, such cancellation will not cancel the Agreement for payment of fees. I/we also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you.

**ASSIGNMENT**

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_