


QUEENSHAVEN
VILLAGE

JOHANNESBURG CORONATION FOUNDATION (NPO 000-726)
“QUEENSHAVEN”

INFORMATION TO BE SUPPLIED BY THE NEXT-OF-KIN OR OTHER RESPONSIBLE PERSON/S IN CONNECTION WITH THE APPLICATION OF:-

NAME OF APPLICANT

KINDLY ASSIST US WITH THE FOLLOWING INFORMATION:

1. Name and address of the next-of-kin or other persons who will assume all responsibility for the abovenamed in the event of any emergency.

FULL NAME.....

ADDRESS:

RELATIONSHIP.....

PLACE OF EMPLOYMENT:.....

POSITION HELD:

TELEPHONE: - Business.....Home:.....**Cell:**

E-MAIL ADDRESS:.....

2. Should the applicant’s mental or physical health deteriorate to such an extent that Queenshaven is unable to nurse them within the primary health care limitations e.g. forms of Dementia or Personality Disorders, etc., it may be necessary for you to find alternative specialised accommodation at another facility which provides the appropriate care.

3. When the applicant is admitted to the Village, North House (Assisted Care) or Frail Care and there is a shortfall between income and that of actual cost, you will be asked to pay in the difference.

Would you be willing to sign a legal undertaking binding you to this effect? Y N

If you are married in Community of Property, it is a requirement that you and your spouse sign the Surety Agreement.

4. As next-of-kin and the designated responsible person you understand and accept that the Johannesburg Coronation Foundation is not a “Landlord” and the Applicant is not a “Tenant”. Monies paid for the total package of care services shall also not be deemed “rent” or “rental”. The Provisions of the National Credit Act, Act 34 of 2005, will not apply to the agreement entered into between the parties.

SIGNED

DATE:

Next of Kin