Admission Section I

APPLICATION FOR ADMISSION

(Antrag um Aufnahme)

Surname (Name) .....

Christian Names (Vornamen) .....

.....

Maiden Name: (Mädchenname) .....

I.D. Number: (Identifikations-Nummer) .....

Pension Numbers: (Pensions-Nummern) .....

.....

Hospital Number: (Hospital-Nummer) .....

Date & Place of Birth: .....
(Geburtsdatum und Ort)

Nationality: (Nationalität) .....

Religious Denomination: (Konfession) .....

Congregation: (Kirchengemeinde) .....

Immigration Date: (Einwanderungsdatum) .....

Medical Aid: Name & Number .....
(Krankenkasse: Name & Nummer)

Affiliation to Clubs & Societies: .....
(Zugehörigkeit zu Klubs & Vereinen)

.....

Occupational Skills: (Berufsausbildung) .....

.....

.....

Marital Status: (Familienstand)

- Married (Verheiratet) ☐
- Widowed (Verwitwet) ☐
- Divorced (Geschieden) ☐
- Separated (Getrennt) ☐
- Single (Ledig) ☐

Name & Address of Spouse: .....
(Name & Anschrift des Ehegatten)

.....

.....

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Application Section I

Particulars of **all** Children
(Angaben **aller** Kinder)

	1	2	3	4	5
Name					
Date of Birth Geburtsdatum					
Address Anschrift					
Tel:					
Cell:					
E-mail:					
Occupation Beruf					
Marital Status Ehestand					
Number of Children Anzahl Kinder					

To whom must the account be posted?
(Wer bekommt die Rechnung zugeschickt?)

Name: .....

Address: .....

.....

.....

Tel: ..... Fax: .....

Cell/Mobil: .....

E-mail: .....

Who must be notified in case of illness of an emergency?
(Wer muss im Krankheitsfalle benachrichtet werden?)

Name: .....

Street Address: .....

.....

Tel: ..... Fax: .....

Cell/Mobil: .....

E-mail: .....

Admission Section I

Which of the following services is required?:
(Welche der folgende Dienste wird benötigt?)

Ater care
(Nachbehandlung und Pflege ☐

Short-term admission
(Kurzfristige Aufnahme) ☐

Long-term admission
(Langfristige Aufnahme) ☐

Is a special diet required? (Please specify)
(Ist eine speziale Diät erforderlich? Bitte Einzelheiten angeben)

.....

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.....

Is any **Special Care** required? (Please specify)
(Ist eine besondere Behandlung erforderlich?)

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.....

Remarks (Any concern you would like to bring to our attention)
(Anmerkung: Besonderheiten die beachtet werden müssen)

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DECLARATION OF INCOME AND EXPENDITURE
(This declaration of income is to be completed for subsidy purposes if the applicant's income is below R1,300.- per month.)

Section A: Income

Type of Income	Reference Number	Monthly Amount	
		Self	Spouse
No Income (Indicate with X) ☐			
	TOTAL		

Section B: Expenditure

The following monthly expenditure is deductible	Self	Spouse
Expenditure i.r.o. medicine on prescription		
Membership fees of a medical fund		
Compulsory insurance		
Tax on property		
Rental/bond instalments		
TOTAL		

Instructions I.R.O. funeral arrangements, Last Will, etc. (Wünsche in Bezug auf Beerdigung, Testament, usw.):

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Application Section I

AFFIDAVIT - TO BE COMPLETED IN THE PRESENCE OF THE COMMISSIONER OF OATHS

1. I certify that before administering the oath/affirmation, I asked the deponent the following questions and wrote down his/her answers in his/her presence:

   a. Do you understand the contents of the declaration of income?

      Answer .....

   b. Have you read the covering letter and house rules. Have you been duly informed that these documents are binding on both the applicant and guarantor?

      Answer .....

   c. Do you have any objection in taking the prescribed oath?

      Answer .....

   d. Do you consider the prescribed oath to be binding on your conscience?

      Answer .....

2. I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and the deponent's and his/her relatives' signature/thumb print/mark was placed thereon in my presence.

.....
Commissioner of Oaths for the Republic of South Africa

.....	.....
Date	Place
.....	.....
Signature of Applicant	Signature of Guarantor
.....	.....
Signature of Witness 1	Signature of Witness 2