



Pers. Info
WhatsApp
Koevert

FOR OFFICE USE

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MERS

APPLICATION FOR PROSPECTIVE RESIDENTS

(This form must be completed individually for each prospective resident)

IMPORTANT Applicants must understand that Klaradyn is not an old age home or a facility for elderly persons in need of assistance in their daily lives. It is a privately owned facility for persons over the age of 50 years who are fully capable of providing for their own welfare and daily well-being.

Independent and self-supporting means you are capable of looking after yourself in all aspects. Your health - physically and mentally - is of a standard adequate for your daily life, capable and competent to provide your own dietary and hygienic needs unassisted.

It is expected of each person who applies for residency at Klaradyn to individually complete this form in full, whether buyer or tenant, and submit these documents to the Administration Office of Klaradyn for an assessment to be arranged (before taking up residency at Klaradyn). After occupancy, you will meet the Welcoming Committee whereby they will ensure you receive all important information & documentation pertaining to Klaradyn.

A : PERSONAL DETAILS

Are you a prospective buyer or tenant Date of Occupation:

Prospective Address in Klaradyn

Surname & First Name: Mr Mrs Miss Dr

ID Number: (attach copy) Language Preference:

Cell No: E-mail:

Current Address:

Occupation (current/ before retirement):

Hobbies, special interests etc.:

Name of owner/agent/agency handling your transaction:

: E-mail:

B : PETS

No residents of Klaradyn are allowed to keep pets like cats and dogs on their erf. Visitors are also prohibited from bringing pets into the Village.

Signed:

C : NEXT OF KIN

(Who do we contact in case of an emergency? At least one in SA)

1. Name:
Relationship:
Address:
Contact Numbers: (1) (2)
E-mail:

2. Name:
Relationship:
Address:
Contact Numbers: (1) (2)
E-mail:

D : UNDERTAKING

The following information is particularly important for management and is needed to help you as a prospective resident in case of any deterioration in your physical or mental health. We therefore require a contact person to inform and who would be able to come and assist you should the need arise. Please nominate a family member and/or other suitable person and/or organization to take responsibility for you in case it becomes necessary. This person should also be contacted in the event of death.

Name of Nominee:

Relationship to Applicant:

Address:

Tel no.: (H) (W) (C)

E-mail:

UNDERTAKING:

I,, ID No.
accept responsibility for the care and well-being of
should he/she no longer be able to function independently.

Signed: Date:

E : DECLARATION OF PROSPECTIVE RESIDENT

I,, ID No : have completed the documents and fully understand the contents of this document and declare that the information supplied to be true and correct. I have read the Klaradyn Constitution and the Conduct Rules and agree to abide by these conditions and any future amendments.

Signed: Date:

F : POPI NOTICE & CONSENT FORM

We understand that your personal information is important to you and that you may be disclosing such information. We are committed to safeguarding and processing your information in a lawful manner.

We are obligated to inform you to ensure that you understand the purpose of processing your personal information. Should you be of the opinion that your information is not processed and retained in line with good practice in terms of the POPI-Act, or that information is being used for a purpose other than that for what it was originally intended, you can contact our Information Officer.

You can request access to information in our possession that pertains to you or in the event that you believe your information is outdated.

Klaradyn's Information Officer's Details:	
Name:	Riana Fick
Email:	manager@klaradynretirement.co.za

Purpose for Processing your Information:

We collect, hold, use and disclose your personal information mainly to provide you with access to the services and/or products that we, or our Service Providers, provide.

We will only process your information for a purpose you would reasonably expect, including:

- Providing you with advice, products and services that suit your needs as requested.
- To confirm, verify and update your details.
- To comply with any legal and regulatory requirements.
- Information in our possession may include, your first and last name, email address, a home address, other contact information, your title, birth date, gender, occupation, qualifications, past employment, residency status, family history, medical information, and other related information.
- Also note that our communication with residents is via e-mail and WhatsApp-groups. Your name and contact number will be visible to other residents on the WhatsApp-group, but we urge all users to not use/distribute other residents' information without their prior approval.

I hereby authorize and consent Klaradyn Retirement Village to use my personal information to provide me with the necessary service I require from you.	
Name & Surname :	
Signature :	
Date :	

FOR OFFICE USE

ADDRESS IN KLARADYN:

ASSESSMENT CONDUCTED BY:

DATE OF ASSESSMENT:

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SIGNATURE OF CLINIC SISTER :