

Name.....
NaamHome.....
TehuisPriority.....
Prioriteit

ECHO FOUNDATION – STIGTING

APPLICATION FOR ADMISSION TO AN ECHO FOUNDATION HOME FOR THE AGED

AANSOEK OM TOELATING TOT 'N ECHO STIGTING TEHUIS VIR BEJAARDES

PART A – DEEL A

I, the undersigned, hereby submit my application for admission to an Echo Foundation Home and if admitted, agree to abide by the Home regulations and Household Rules, or any amendments thereof.
I further agree and acknowledge that:

Hiermee my aansoek om toelating tot 'n Echo Stigting Tehuis en indien suksesol, onderneem ek om my te onderwerp aan die Tehuis Regulasies en Huishoudelike Reels, of enige wysigings daarvan, insluitend die volgende:

- (i) Monthly fees which shall be assessed based on present running cost, income and assets, and which may be increased as living costs increase, shall be paid monthly in advance;

Dat ek my maandelikse fooi vooruit sal betaal, die bedrag waarvan bepaal sal word gebasseer op huidige lopende kostes en dat die fooi gewysig mag word soos kostes styg.

- (ii) That, if for any reason it appears that I have, or acquired, any income or assets not disclosed in this form, I undertake (and authorise my estate) to pay the full economic board and lodging for the period of my residence;
Dat indien dit blyk dat ek enige inkomste het, of bates verkry het, wat nie in die vorm gemeld is nie, onderneem ek (en magtig ek my Boedel) om die volle ekonomiese fooi te betaal vir die tydperk van my inwoning;

- (iii) *That in the event of my death, no refund of fees will be made by the Foundation for the remaining period of the month;*
Dat ingeval van my afsterwe geen terugbetaling van fooie deur die Stigting gemaak sal word vir die oorblywende gedeelte van die maand nie;

- (iv) Should the necessity arise for an urgent emergency operation on me and my next of kin are not available, I agree to the Superintendent or Matron of the Home furnishing the consent required by the Hospital;
Indien dit nodig mag wees vir 'n dringende noodoperasie op my en my naasbestaandes is nie beskikbaar nie, gee ek toestemming dat die Superintendent of Matrone van die tehuis die nodige toestemming kan gee soos vereis deur die Hospitaal.

.....
Signature of Applicant / Handtekening van Applikant

.....
Date / Datum

THIS APPLICATION HAS BEEN SIGNED IN MY PRESENCE AND THE APPLICANT HAS CONFIRMED THAT HE/SHE IS FULLY AWARE OF THE UNDERTAKING AGREED TO AND FURTHER CONFIRMED THAT THE PERSONAL INFORMATION GIVEN IS TRUE AND CORRECT.

DIE AANSOEK VORM IS IN MY TEENWOORDIGHEID ONDERTEKEN EN DIE AANSOEKER HET BEVESTIG DAT HY/SY TEN VOLLE VERTROUD IS MET ONDERNEMING SOOS ONDERTEKEN, EN HET OOK BEVESTIG DAT DIE PERSOONLIKE INLIGTING WAAR EN KORREK IS

.....
Commissioner of Oaths / Kommissaris van Ede

.....
Date / Datum

UNDERTAKING BY NEXT OF KIN / ONDERNEMING DEUR NAASBESTAANDE

I,, the undersigned, hereby agree and undertake to be responsible for the payment of fees of (name of applicant).....and to take said applicant out of the ECHO Foundation Home within a period of seven days should the Foundation deem it necessary.

Ek,....., die ondergetekende stem toe en onderneem om verantwoordelik te wees vir die betaling van fooie van (naam van applicant)..... en om genoemde applicant te verwyder uit die ECHO Stigting tehuis 7 dae, indien die Stigting dit nodig ma gag.

.....
Date/Datum

.....
Signature/Handtekening

.....
Relationship/Verwantskap

**PERSONAL INFORMATION
PERSOONLIKE INLIGTING**

PART B – DEEL B

1. SURNAME..... 4. ID NO.....
VAN
2. FIRST NAMES..... 5. ADDRESS.....
VOORNAME ADDRESS
3. ADDRESS.....
ADDRESS
6. DATE OF BIRTH..... 7. AGE.....
GEBORTE DATUM OUDERDOM
8. SEX..... 9. CHURCH AFFILIATION..... 10. HOME LANGUAGE.....
GESLAG KERKVERBAND HUISTAAL
11. MARITAL STATUS..... 12 PREVIOUS OCCUPATION.....
HUWELIKSTAAT VORIGE BEROEP
13. INCOME/INKOMSTE (MONTHLY/MAANDELIKS)
- 13.1 PENSION : R..... TYPE..... No.....
PENSIOEN TIPE Nr.
- 13.2 INTEREST : R..... TYPE..... No.....
RENTE TIPE
- 13.3 OTHER : R..... DETAILS.....
ANDER BESONDERHEDE
- 14 ASSETS/BATES:
- 14.1 INVESTMENTS – VALUE R.....
BELEGGINGS – WAARDE
- 14.2 FIXED PROPERTY – MARKET VALUE R.....
VASTE EIENDOM - MARKWAARDE
- 14.3 OTHER R..... DETAILS.....
ANDER BESONDERHEDE
- 15 NAME OF BURIAL SOCIETY:.....
POLICY NO./POLIS NR.....
- 16 WHERE IS YOUR WILL KEPT.....
WAAR WORD U TESTAMENT GEHOU
- 17 WHICH ECHO FOUNDATION HOME WOULD YOU PREFER.....
WATTER ECHO STIGTING TEHUIS SAL U VERKIES
- 18 HOW LONG HAVE YOU BEEN A RESIDENT IN PORT ELIZABETH.....
HOE LANK IS U REEDS 'N INWONER VAN PORT ELIZABETH
- 19 INTERESTS & HOBBIES.....
BELANGSTELLING EN STOKPERDJIES
- 20 PHYSICAL CONDITION.....
- 20.1 CAN YOU MOVE ABOUT WITHOUT DIFFICULTY..... YES/NO
LIGGAAMSKRAGTE
- 20.2 DO YOU NEED ASSISTANCE IN BATHING..... YES/NO
KAN U SONDER MOEITE RONDBEWEG
- 20.3 DO YOU NEED ASSISTANCE IN DRESSING/EATING/WASHING..... YES/NO
HET U HULP NODIG OM TO BAD
- 20.4 ARE YOU BEDRIDDEN MOST OF THE TIME..... YES/NO
IS U MEESTE VAN DIE TYD BEDLÉEND
- 21 STATE OF HEALTH
- 21.1 GOOD ON THE WHOLE..... YES/NO
OOR DIE ALGEMEEN GOED
- 21.2 VARIABLE OR RATHER POOR..... YES/NO
WISSELVALLIG OF SWAKKERIG
- 21.3 POOR..... YES/NO
SWAK
- 22 DETAILS OF ANY PARTICULAR AILMENT:.....
BESONDERHEDE VAN ENIGE KWAAL:
- 23 BRIEFLY STATE MAIN REASONS FOR SEEKING ADMISSION TO AN ECHO FOUNDATION HOME:
MELD KORTLIKS BELANGRIKE REDES WAAROM U TOELATING TOT 'N ECHO STIGTING TEHUIS SOEK:
- 24 PARTICULARS OF CHILDREN AND/OR NEAREST RELATIVES
BESONDERHEDE VAN KINDERS EN/OF NAASTE FAMILIEBETREKKINGE

	NAME / NAAM	ADDRESS / ADRES	PHONE / FOON	RELATIONSHIP / VERWANTSKAP	OCCUPATION / BEROEP
24.1					
24.2					
24.3					
24.4					
24.5					
24.6					

STATE AMOUNT OF FINANCIAL ASSISTANCE AVAILABLE FROM RELATIVES
MELD BEDRAG VAN FINANSIËLE HULP BESIKBAAR VAN NAASBESTAANDES

: R.....

MEDICAL CERTIFICATE / MEDIESERTIFIKAAT

PART C – DEEL C

(PLEASE NOTE: THE DOCTOR IS REQUESTED TO ACQUAINT HIMSELF WITH THE FOLLOWING CONDITIONS AND INSTRUCTIONS AND TO ENSURE THAT THE APPLICANT IS SUITABLE FOR ADMISSION TO THE ECHO FOUNDATION HOME. THIS MEDICAL CERTIFICATE MUST BE COMPLETED IN DETAIL). (L.W. DIE GENEESHEER WORD VERAL VERSOEK OM NA DIE VOLGENDE TE VERWYS EN OM TO VERSEKER DAT DIE APPLIKANT GESKIK IS VIR TOELATING TOT DIE ECHO STIGTING TEHUIS. HIERDIE MEDIESE SERTIFIKAAT MOET NOUKEURIG INGEVUL WORD).

- (A) THE HOME WILL ACCOMMODATE PERSONS OF 60 YEARS OR OLDER.
DIE TEHUIS SAL PERSONE VAN 60 JAAR EN OUER
- (B) THE FOLLOWING PEOPLE ARE EXCLUDED:
DIE VOLGENDE PERSONE IS NIE GESKIK VIR TOELATING NIE:
 - a. PERSONS REQUIRING PERMANENT HOSPITALISATION OR WHO ARE CHRONIC SICK.
PERSONE WAT PERMANENT HOSPITALISASIE BENODIG OF KRONIES SIEK IS.
 - b. PERSONS SUFFERING FROM AN INFECTIOUS DISEASE
PERSONE WAT AAN 'N AANSTEEKLIKE SIEKTE LY.
 - c. PERSONS SUFFERING FROM MENTAL DISORDER OR EPILEPTIC FITS
PERSONE WAT VERSTANDELIK GEKRENK OF EPILEPTIES IS.
- (C) THE APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ANY MEDICAL EXAMINATION FEES.
DIE APPLIKANT IS VERANTWOORDELIK VIR DIE VEREFFENING VAN ENIGE MEDIESE FOIE WAT BETREKKING HET OP HIERDIE ONDERSOEK.

1. Full Name Age
Naam Voluit Ouderdom

2. Complaints of Applicant (History, symptoms and previous treatment. Also state hospital where treated).
Applikant se kwale (geskiedenis, simptome en vorige behandeling. Meld ook hospitaal waar behandel).
.....

3. General Examination:
Algemene Ondersoek:

a. General physical and nutritional state
Algemene liggaamlike en voedingtoestand

b. Respiratory system
Asemhalingstelsel

c. (i) Cardiovascular
Hart-bloedvatstelsel

(ii) Blood pressure (to be taken in all cases)
Bloeddruk (moet in alle gevalle getoets word)

d. Genito-urinary system (urine to be tested in all cases)
Geslagsorgane en urinestelsel (urine moet in alle gevalle getoets word)

e. Digestive and other abdominal systems
Spysvertering- en ander abdominale stelsels

f. Muscular and skeletal systems (state defects)
Spier- en skeletstelsel (meld enige afwykings)

g. (i) Central nervous system (in epilepsy, state particular type, severity, frequency of attacks and response to Treatment)
Sentrale senustelsel (in geval van vallende siekte moet veral gemeld word die sort, graad en hoe dikwels toevale voorkom en reaksie na behandeling

(ii) Mental condition (including mental deficiency: state particular type and mental age, if possible, and whether institutional care is advisable)
Geestestoestand (insluitende swaksinnigheid: vermeld veral sort en verstandelike ouderdom, indien moontlik, en of inrigtingsversorging aangewese is)

h. Any other condition not included in classification above:
Enige ander toestand wat nie in bovermelde klassifikasie ingesluit is nie:
.....

- 4. (a) Is applicant permanently bedridden?
Is applicant permanent bedlënd?
- (b) Is applicant without self-control? (a) Bowels (b) Urine
Is applicant sonder beheersing?
- (c) Can applicant be satisfactorily cared for by an unqualified attendant?
Kan applicant bevredigend deur 'n onopgeleide oppasser versorg word?
- (d) Is applicant free from infectious and contagious diseases?
Is applicant vry van besmetlike en aansteeklike siektes?
- (e) Does the applicant require regular assistance in respect of mobility and dressing or undressing?
Het die applicant gereelde hulp nodig in verband met sy mobiliteit en kleding?
- (f) Does the applicant require constant and prolonged assistance regarding mobility, dressing or undressing, feeding and personal hygiene?
Het die applikant voortdurende en langdurige hulp nodig in verband met mobiliteit, kleding, voiding en persoonlike hygiëne?

5. Will further medical/surgical treatment improve or cure the disabilities described above? If so, state clearly what treatment is recommended (also state present and further medication)
Sal verdere geneeskundige/chirurgiese behandeling die gebreke hierbo beskryf, verbeter of genees? So ja, vermeld duidelik watter behandeling aanbeveel word (meld ook medisyne wat tans geneem word).
.....

6. PRESENT MEDICATION / MEDIKASIE:

7. GENERAL / ALGEMEEN:

Date/Datum

Print Name/Naam in Drukletters

Signature/Handtekening

Phone/Foon No.

PART D – DEEL D

Degree of Physical and Mental Disability of Applicant / Graad van Liggaamlike en Geestelike Ongeskiktheid van Applikant

NAME / NAAM: Mr / Mrs / Miss / Mnr / Mev / Mej Age / Ouderdom.....

(N.B. MARK WHERE APPLICABLE)

(L.W. MERK WATTER VAN TOEPASSING)

(a)	<u>Mobility</u> Moves about with assistant Needs assistant and supervision with mobility (also Persons in wheelchairs and with walking aids)..... Bedridden or totally immobile.....	<table border="1"> <tr><td>0</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>4</td><td></td></tr> </table>	0		2		4		<u>Mobiliteit</u> Beweeg rond sonder hulp Het hulp of toesig met beweging nodig (ook persone in rolstoel of met loopapparate) Bedlënd of heeltemal afhanklik van hulp
0									
2									
4									
(b)	<u>Making of bed</u> Can do it himself/herself..... Needs assistance..... Must be done for him/her.....	<table border="1"> <tr><td>0</td><td></td></tr> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> </table>	0		1		2		<u>Opmaak van bed</u> Kan dit self doen Het hulp nodig Moet vir inwoner gedoen word
0									
1									
2									
(c)	<u>Washing of hands and face</u> Does it himself / herself..... Needs assistance or supervision..... Has to be washed.....	<table border="1"> <tr><td>0</td><td></td></tr> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> </table>	0		1		2		<u>Was van hande en gesig</u> Doen dit selfstandig Het hulp of toesig daarmee nodig Moet gewas word
0									
1									
2									
(d)	<u>Bathing</u> Unaided..... Needs assistance..... Has to be bathed.....	<table border="1"> <tr><td>0</td><td></td></tr> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> </table>	0		1		2		<u>Bad</u> Doen dit selfstandig Het hulp nodig Moet gebad word
0									
1									
2									
(e)	<u>Shaving and combing of Hair</u> Does it him/herself Needs assistance Has to be done for him/her	<table border="1"> <tr><td>0</td><td></td></tr> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> </table>	0		1		2		<u>Skeer en versorging van hare</u> Doet dit self Het hulp nodig Moet vir hom/haar gedoen word
0									
1									
2									
(f)	<u>Feeding</u> Enjoys meals unaided in dining room Meals must be served in bedroom Must be assisted / spoon fed	<table border="1"> <tr><td>0</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>4</td><td></td></tr> </table>	0		2		4		<u>Voeding</u> Eet self in eetkamer Kos moet in kamer bedien word Moet gehelp of gevoer word
0									
2									
4									
(g)	<u>Dressing</u> Does it him/herself Needs assistance or supervision Must be dressed and undressed	<table border="1"> <tr><td>0</td><td></td></tr> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> </table>	0		1		2		<u>Kleding</u> Doen dit selfstandig Het hulp of toesig nodig Moet uit- of aangetrek word
0									
1									
2									
(h)	<u>Eyesight</u> Good or Fair Bad Blind or almost blind	<table border="1"> <tr><td>0</td><td></td></tr> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> </table>	0		1		2		<u>Gesigsvermoë</u> Sien nog goed of redelik goed Swak Blind of feitlik doof
0									
1									
2									
(i)	<u>Hearing</u> Good or Fair Bad Deaf or almost deaf	<table border="1"> <tr><td>0</td><td></td></tr> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> </table>	0		1		2		Goed of redelik Hardhorend Doof of feitlik doof
0									
1									
2									
(j)	<u>Memory</u> Normal Forgetful Very bad	<table border="1"> <tr><td>0</td><td></td></tr> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> </table>	0		1		2		<u>Geheue</u> Normaal Vergeetagtig Baie swak
0									
1									
2									
(k)	<u>Faculty of comprehension</u> Normal Bad Minimal	<table border="1"> <tr><td>0</td><td></td></tr> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> </table>	0		1		2		<u>Begripsvermoë</u> Normaal Swak Minimaal
0									
1									
2									
(l)	<u>General Mental Condition</u> Normal At times disturbed or confused Completely disturbed, confused or psychotic	<table border="1"> <tr><td>0</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>4</td><td></td></tr> </table>	0		2		4		<u>Algemene Verstandelike Toestand</u> Normaal Met tye versteurd of verward Heeltemaal versteurd, verward of psigoties
0									
2									
4									
(m)	<u>Inclination to fits</u> None Inclined to light fits of dizziness or epilepsy Subject to serious fits	<table border="1"> <tr><td>0</td><td></td></tr> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> </table>	0		1		2		<u>Voorkoms van Toevalle</u> Geen Kry ligte toevale van epilepsie of van duiseligheid Kry ernstige toevale
0									
1									
2									
(n)	<u>Incontinency</u> None Partly incontinent Incontinent	<table border="1"> <tr><td>0</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>4</td><td></td></tr> </table>	0		2		4		<u>Beheer oor uitskeidingsorgane</u> Normaal Gebrekkig Geen beheer oor ontlasting of urien
0									
2									
4									

SIGNATURE OF MEDICAL PRACTITIONER/ DATE/
HANDTEKENING VAN GENEESHEER DATUM

N.B. Must be completed by applicants doctor / L.W. Moet duer applikant se geneesheer voltooi word

FOR OFFICE USE / KANTOORGEBRUIK

Group 1 -0/8; Group 2 -9/36

TOTAL / TOTAAL



ECHO FOUNDATION – STIGTING

An Association Incorporated under Sect. 21 – Reg. No. 91/04239/08
FR. No. 09/90044100/9

A G R E E M E N T

Made and entered into by and between

ECHO FOUNDATION
(“the Foundation”)

and

.....
(“the Resident”)

WHEREAS the Resident wishes to take up residence in one of the accommodation establishments managed by the Foundation;

AND WHEREAS the parties wish to record the terms upon which such residence is taken up;

NOW THEREFORE THE PARTIES AGREE AS FOLLOWS:

1. RESIDENTS

- 1.1. As from the Resident shall take up residence at the and shall be entitled to reside for an indefinite period subject to the terms of this Agreement.
- 1.2. The type of accommodation provided by the Foundation shall as far as possible be as pointed out to the Resident prior to taking up residence. However, the Foundation reserves the right at any time in its sole discretion to change the type of accommodation provided, and to move the Resident from place to place within the range of Homes operated by the Foundation.

2. SERVICES

- 2.1. In addition to the residence provided by the Foundation as mentioned above, the Foundation shall provide board and care in conformity with the Foundation’s policy from time to time.
- 2.2. The Foundation shall not be responsible for the provision of the Resident’s personal clothing and toiletries, and the Resident failing whom the Surety shall be obliged to provide these items to the reasonable satisfaction of the Foundation.
- 2.3. The Foundation shall not be liable for the cost of medicaments, walkers, wheelchairs, and other health care items.

- 2.4. No medicaments shall be provided from outside the accommodation establishment or taken by the Resident except upon medical prescription without the prior knowledge of the Foundation.
- 2.5. The Foundation will not be obliged to transport the Resident. Any transport required by the Resident will be by outside contractors at the cost of the Resident.

3. FINANCIAL PROVISIONS

- 3.1. In consideration for the residence and other services provided by the Foundation, the Resident shall pay monthly in advance an amount to be determined by the Foundation from time to time.
- 3.2. The amount mentioned in 3.1 shall be determined by the Foundation having regard to the type and quality of accommodation and service provided by it, and the Resident's financial position and ability to pay. The Foundation's determination from time to time shall be final and binding upon the parties.
- 3.3. All monthly payments are due and payable in advance by the 7th (seventh) day of each month by ***debit order or direct payment to our Head Office situated at Fairhaven, Woodhead Drive, Humewood Extension, Port Elizabeth.***
- 3.4. Overdue payments will attract interest at the rate of 3% (three per centum) per annum above the prime rate charged by First National Bank of Southern Africa Limited from time to time.
- 3.5. The Resident agrees to provide, from time to time, when requested by the Foundation, a statement on oath containing full and comprehensive details of his/her assets, liabilities, expenditure and all sources and amounts of income.
- 3.6. If
 - 3.6.1. The Resident or the Surety is unable to pay or fails for any other reason, to pay in respect of accommodation at the Foundation occupied by the Resident, the normal rate stipulated therefore by the Foundation from time to time; and
 - 3.6.2. The Foundation voluntarily allows the Resident to pay a reduced rate;
 - 3.6.3. The Foundation shall be entitled, on termination of the Agreement as a result of death of the Resident or for any other reason, to claim from the Resident and/or his/her estate and/or the Surety to the total accumulated amount of any such voluntary reduction together with simple interest on each amount of such reduction calculated with effect from the first day of the calendar month in respect of which such reduction was granted, until date of payment.

4. GENERAL

- 4.1. This Agreement may be terminated by either party at any time upon not less than 1 (one) calendar month's written notice to the other.

- 4.2. Should the Resident fail to pay any monthly amount on due date, or breach the provisions of this Agreements in any other respect, the Foundation shall be entitled to give the Resident written notice (to be delivered to the Resident and the Surety) requiring payment of such amount or to remedy such breach within 14 (fourteen) days of date of upon which the notice is given. Should the notice not be complied with, the Foundation shall be entitled to terminate this Agreement forthwith and without further notice but without prejudice to its rights in terms of Clause 3.6 hereof.
- 4.3. In the event of termination of this Agreement in terms of Clause 4.1 and 4.2, the Resident shall leave the establishment on the date of termination.
- 4.4. The Foundation shall be entitled to make regulations from time to time with respect inter alia to the running of the establishment and the nature and degree of the residence, board and care provided to the Resident. The Resident shall be obliged to comply with such regulations from time to time in so far as the Resident may be affected thereby. The Foundation's Management reserves the right to move a resident from one room to another/one section to another in the frail care home if it is the opinion of the interdisciplinary team that such a move is in the interest of the resident and / or the other residents in the home. I understand that once admitted to frail care, in order to avoid a conflict of interest only one General Practitioner can be responsible for prescribing a routine regimen of treatment for the resident. The resident should either be a hospital patient or a private patient, which must be disclosed at the time of admission.
- 4.5. Exclusion of liability
- 4.5.1. Neither the Foundation nor any of its directors, agents, employees or servants shall be liable for personal injury to or death of any person or the loss of or damage to any property of whatsoever nature in the frail care home, arising or caused and whether by reason of the default or negligence of the Foundation or any of the said persons or otherwise. The family member / friend nominated by the resident or in such instances that the resident is unable to perform this function the person signing the surety will be the contact for enquiries, emergencies and advises. This is to avoid miscommunication
- 4.5.2. The resident hereby indemnifies the Foundation and its directors, agents, employees and servants against any claim of whatever nature which may be made against any of them arising out of any of the afore going occurrences
- 4.6. Should the Resident die during the subsistence of this Agreement, the Agreement shall be deemed to terminate on the last day of the month during which such death occurred.

The Foundation shall be entitled to receive all amounts due to it in terms of this Agreement up to the date of termination, and shall not be obliged to refund any such amount to the deceased's estate. If this Agreement is terminated in terms of Clause 4.2, then notwithstanding that the Resident may have left prior to the end of a calendar month, the Foundation shall be entitled to receive all amounts due to it in terms of this Agreement calculated to the last day of the month during which the Resident left the Foundation establishment.

- 4.7. If the Resident requires emergency medical treatment or surgery and is unable personally to consent thereto, and the Residents next-of-kin is unavailable, the Superintendent or

Matron of the Home in which the Resident is accommodated, is authorised to furnish such consent.

4.8. This Agreement is concluded on the basis of the personal and financial information incorporated in the Schedules attached hereto. Any material non-disclosure or mis-statement of facts will constitute a breach of this Agreement.

THIS DONE AND SIGNED THIS day of at
..... in the presence of the undersigned witnesses.

WITNESSES

- 1.
- 2. for and on behalf of **Echo Foundation**

THIS DONE AND SIGNED BY THIS day of at
..... In the presence of the undersigned witnesses.

WITNESSES

- 1.
- 2. **RESIDENT**

I..... the undersigned, hereby bind myself as Surety and co-principal debtor together with the Resident for all the Resident's obligations in terms of this Agreement, and especially renounce the benefit of exclusion.

WITNESSES

- 1.
- 2. **SURETY**



ECHO FOUNDATION

STATEMENT OF INCOME AND EXPENDITURE BY RESIDENTS OF HOMES FOR THE AGED AND HOMES FOR DISABLED

	NAME OF APPLICANT: NAME OF HOME:	Reference number where applicable	MONTHLY INCOME e.g. interest, dividends, rents, etc.	
			Self	Spouse
1	PENSION RECEIVED (Type of Pension)			
	1.1			
	1.2			
	1.3			
	1.4			
2	ANNUITY (Name of Fund)			
	2.1			
	2.2			
	2.3			
	2.4			
3	INCOME FROM TRUST FUNDS AND MAINTENANCE ALLOWANCES (Name of Fund/Person)			
	3.1			
	3.2			
	3.3			
	3.4			
4	SHARES			
	4.1			
	4.2			
	4.3			
5	DIRECTORS FEES (Name of Company)			
	5.1			
	5.2			

	AMOUNT	MONTHLY INCOME e.g. interest, dividends, rents, etc.	
		Self	Spouse
6	CASH INVESTMENTS (Specify Financial Institution)		
	6.1		
	6.2		
	6.3		

	PRESENT VALUE	BOND IN ARREARS	MONTHLY INCOME e.g. interst, dividends, rents, etc.	
			Self	Spouse
7	FIXED PROPERTY (e.g. Farms, Dwellings, etc.) (Full description and where situated)			
	7.1			
	7.2			
	7.3			

	OTHER SOURCES OF INCOME (Specify) e.g. (Income from business, usufruct/Fidei Commissum)		
8			
	8.1		
	8.2		
	8.3		

TOTAL		
--------------	--	--

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 KNOW AND UNDERSTAND THE CONTENTS OF THE DECLARATION ?

ANSWER:_____

b DO YOU HAVE ANY OBJECTION IN TAKING THE PRESCRIBED OATH ?

ANSWER:_____

c 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 SIGNATURE/THUMB PRINT/MARK WAS PLACED THEREON IN MY PRESENCE.

COMMISSIONER OF OATHS FOR THE
REPUBLIC OF SOUTH AFRICA

____/____/20____
DATE

PLACE

FOR OFFICIAL USE BY A SCREENING OFFICER OF THE DEPARTMENT OF HEALTH SERVICES AND WELFARE

R

Gross Income

MINUS approved expenditure:

(Specify)

.....

NETT INCOME *

* The latter amount must be entered on the screening certificate.

Income group code

OFFICER EMPLOYED BY THE DEPARTMENT OF HEALTH
SERVICES AND WELFARE

____/____/20____
DATE

DEED OF SURETYSHIP

I, the undersigned,

_____ (Full names)
IDENTITY NUMBER _____

do hereby interpose and bind myself in favour of

ECHO FOUNDATION
AN ASSOCIATION INCORPORATED UNDER SECTION 21
REGISTRATION NUMBER 1991/04239/08
("Creditor")

jointly and severally as surety for and co-principal debtor *in solidum* with

_____ (Full names)
IDENTITY NUMBER _____
("Debtor")

for the due payment of every sum of money which may now or at any time hereafter be or become owing by the Debtor to the Creditor from whatsoever cause(s) arising and for the due performance of any other obligation howsoever arising which the Debtor may now or at any time hereafter be or become bound to perform in favour of the Creditor.

The following special conditions shall apply to this Suretyship :-

1. These presents shall establish a continuing covering liability on my part for whatsoever amount and whatsoever obligation shall be owing by the Debtor to the Creditor notwithstanding any intermediate discharge or settlement of or fluctuation in the account and notwithstanding the insolvency or legal disability of the Debtor or any other sureties for and/or co-principal debtors with the Debtor, until the Creditor will have agreed in writing to cancel these presents.
2. It shall at all times be in the discretion of the Creditor to determine the extent, nature, duration and terms of any facilities to be allowed to the Debtor and no extension of time or other indulgence in respect of any payment or performance, no delay or omission in demanding or enforcing any payment or performance, no

whole or partial release from liability and no compromise or other arrangement in respect of the extent, amount, duration, reduction or postponement of liability granted or allowed by the Creditor to the Debtor or to any other surety for and/or co-principal debtor with the Debtor and no realisation, release or abandonment of any surety for any indebtedness of the Debtor shall discharge me from liability hereunder *in solidum*.

3. In respect of all contracts entered into by the Debtor with the Creditor, I warrant that each such contract was or will be at the time of execution within the scope, authority and powers and objects of the Debtor, or in the case of future contracts, will be properly and with due authority passed, executed and made. If there shall, in respect of any such contract, be any breach of the terms of this warranty, then I hereby assume the liability to the Creditor which any such contract purported to impose upon the Debtor.
4. If the Debtor is placed under sequestration, or submits an offer of compromise or of composition or scheme or arrangement in terms of any Insolvency Law, the Creditor shall be entitled to accept any reduction of the Debtor's indebtedness without prejudicing its rights against me, which rights shall further not be prejudiced by its acceptance of any securities, guarantees or suretyships arising out of any such event, and I further bind myself in any such event not to file any claims against the Debtor, save with the prior written consent of the Creditor.
5. I renounce the benefits of the legal exceptions of excussion, division, cession of account, no value received, revision of accounts and where applicable, *de buobus, vel pluribus reis debendi*, with the full meaning and effect whereof I declare myself to be fully acquainted.
6. I hereby agree and acknowledge that a certificate signed by the Financial Manager of the Creditor at any time showing the amount of the Debtor's liability from time to time or at any time, shall be sufficient proof of the existence of the said indebtedness and the amount thereof, and such certificate may also be used for the purpose of enabling the Creditor to obtain Provisional Sentence or Summary Judgment against me in any competent court under this Suretyship for the amount shown in such certificate.
7. I agree that without reference to me and without in any way prejudicing my obligations hereunder, the Creditor shall be entitled to release any co-principal debtor as co-surety; to accept any other act(s) of suretyship for the indebtedness of the Debtor to the Creditor in which event my liability hereunder shall be joint and several as between myself and such other surety and the renunciation of the benefits as set forth hereinbefore shall also apply in respect of such other surety.
8. All amounts for which I may be liable in terms hereof shall immediately become due and payable on the due date of payment thereof, notwithstanding that the Debtor has any claim or counterclaim of whatsoever nature against the Creditor.
9. Notwithstanding any part payment by me, I shall have no right to any cession of action in respect thereof and shall have no right of action against any co-surety in respect of such part payment, unless and until the indebtedness of the Debtor to the Creditor shall have been discharged in full.

10. If this Suretyship has been prepared in a form for signature by more than one person, then each surety who signs this document acknowledges that it constitutes a separate, distinct and independent contract of suretyship by each signatory. If any surety named herein shall fail to sign this Suretyship or if it does so cease to be binding on any surety for any reason, then the obligations of the others who have signed and/or upon whom it is still binding, shall remain in full force and effect.

11. I choose *domicilium citandi et executandi* at the address set out hereunder against my name.

THUS DONE AND SIGNED AT THE PLACE AND ON THE DATE SET OUT BELOW.

PLACE _____
_____ (Signature of Surety)

DATE _____

WITNESS _____
(Signature of Witness) _____ (Physical address)