



# WAITING LIST APPLICATION FORM

Please tick your preferred accommodation

	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>1 Bedroom Unit</b>	<input type="checkbox"/>	<b>Single Garage</b>	<input type="checkbox"/>
<b>2 Bedroom Unit</b>	<input type="checkbox"/>	<b>Double Garage</b>	<input type="checkbox"/>
<b>3 Bedroom Unit</b>	<input type="checkbox"/>		<input type="checkbox"/>

1. Surname: \_\_\_\_\_

2. Christian Names: \_\_\_\_\_

3. Gender: \_\_\_\_\_

4. Nationality: \_\_\_\_\_

5. Identity number: \_\_\_\_\_ Age \_\_\_\_\_

6. Marital Status: \_\_\_\_\_ (e.g. Single, Widow/er, Married)

6.1 Name of Spouse (if applicable): \_\_\_\_\_

6.2 Identity number of Spouse (if applicable): \_\_\_\_\_

7. Present Address: \_\_\_\_\_

\_\_\_\_\_

7.1 Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS IN RESPECT OF YOURSELF AND YOUR SPOUSE (IF APPLICABLE)**

**MEDICAL HISTORY:**

Current state of health	SELF	SPOUSE
Excellent		
Good		
Variable		
Poor		
Disability		

**9. Do you suffer of any chronic ailment or disability?**

**Self:** \_\_\_\_\_

**Spouse:** \_\_\_\_\_

**10. Particulars of nearest relatives:**

Name	Relationship	Address	Contact No or email

**11. Interest and hobbies:**      **SELF:** \_\_\_\_\_

**SPOUSE:** \_\_\_\_\_

**12. Previous occupation:**      **SELF:** \_\_\_\_\_

**SPOUSE:** \_\_\_\_\_

**13** A listing fee of R2000.00 to be made payable to Summerstrand Retirement Village Trust only refundable upon signing a Life Rights Agreement form.  
The listing fee may be deposited in the following account and proof of payment submitted with this application form:

Bank	Nedbank
Branch	Business Southern Peninsula
Branch Code	123209
Universal Code for EFT	198765
SWIFT Code	NEDSZAJJ
Account Holder	Summerstrand Retirement Village Trust
Account Number	1081233192

**I the undersigned confirm that we have read and understood Summer Dunes Retirement Village's Waiting List Regulations and Procedures attached hereto and agree to the regulations and procedures set out therein.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_