



Application for Admission for Independent Living

(Life Right Homes and Rental Studio Apartments)

6 Randjeslaagte Road, Highlands North, Johannesburg, 2092

info@randjesestate.co.za or **haleyh@randjesestate.co.za**

011 887 8160/440 4441

www.randjesestate.co.za



Randjes Estate was established in 1936 and is a beautiful 42 acre Estate, offering:

- Life Right Homes
- Rental Studio Apartments
- Mid Care (Assisted Living)
- Frail Care and Memory Care

Should you wish to put your name down for our Mid Care or Frail Care Accommodation, please fill in the Fleming House Care Accommodation Application form.

What is a life right?

A life right provides security of tenure for the rest of your life and peace of mind that comes with knowing that you have access to our excellent care accommodation should it be required at any stage.

The advantage of life rights are:

- No transfer duty payable
- No VAT payable
- No title deeds
- No registration fees.
- No sales commission

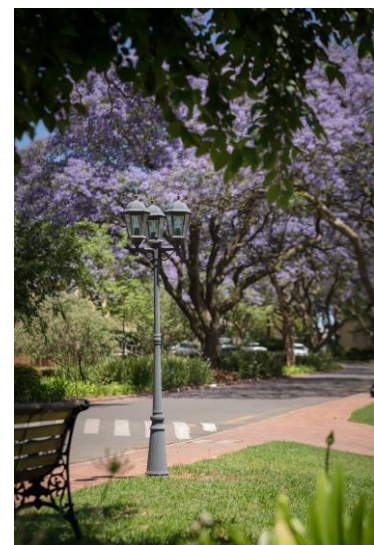
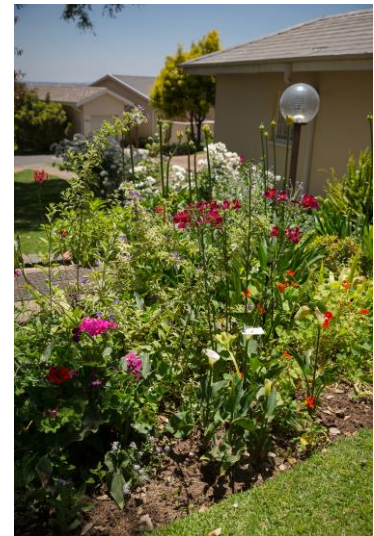
Period of Occupation	1 - 30 months	31 - 60 months	5 years & longer
Percentage pay back of original purchase price	75%	62.5%	50%
This is subject to change from time to time by written notice.			

As you will undoubtedly appreciate, the maintenance of an amicable relationship between Residents is of utmost importance if a harmonious living style is to be achieved. Randjes Estate, therefore, reserves the right to terminate any agreement and discharge any person whose behaviour disrupts or adversely affects other Residents and the ambience we strive to attain.

Randjes Estate shall at all times retain the right, in the event of mental or physical disability, be it of a temporary or permanent nature, decide that the Resident be moved to our Frail or Mid Care Accommodation. Such decision shall be at the discretion of the Company after consultation with the Company's General Manager, Matron, a medical doctor and the family of the Resident.

Should a Resident wish to vacate the accommodation at any time, one calendar month's written notice is required.

All Residents are responsible for any medical costs and arrangements for these will be the responsibility of the Resident.



Admissions' List Deposit and Admin Fee

The following fees are payable before your application can be processed.

It is imperative to pay the annual administration fee as this indicates to us that you are still interested in remaining on the waiting list.

Life Right Admissions' List deposit - non-interest bearing (refundable only on entry into the Estate)	R3 000
Rental Admissions' List deposit - non-interest bearing (refundable only on entry into the Estate)	R1 000
Annual non-refundable administration fee for all applicants	R200

Payment can be made via EFT or by debit card or credit card at our Reception.

Our banking details are as follows:

Name of Account: Randjes Estate
 Name of Bank: First National Bank (FNB)
 Account Number: 6277 533 9924
 Branch Code: 210554
 Branch: Commercial Account Services
 Swift code: FIRNZAJJ



Please note that we can only process your application once we have received the following:

- 1. Application form completed.**
- 2. Supporting financial information as requested on page 5 of the form.**
- 3. Proof of payment of the R3 200/R1 200.**

APPLICATION FORM FOR RANDJES ESTATE

Please note that in the case of couples each individual is to complete a form.

Surname _____ Prof/Dr/Mr/Mrs/Miss/Ms _____

Initials _____ Forenames _____

Physical Address _____

_____ Postal code _____

Telephone Nos - Home _____ Work _____

Cell _____ Email _____

I.D. Number _____ Date of Birth _____

South African Citizen? **YES / NO.** If no, citizen of which country? _____

Place of birth _____ Religion _____

Occupation or previous occupation _____

Hobbies and interests _____

Marital status _____ If married, full name of spouse _____

If sharing with another person, name of person _____

Medical Aid Scheme, Type and Number _____

How did you get to know about Randjes Estate? _____

NEXT OF KIN AND / OR OTHER CONTACTS

1st Next of Kin / Contact Person _____

Relationship _____

Email address _____

Home Tel _____ Work _____ Cell _____

2nd Next of Kin / Contact Person _____

Relationship _____

Email address _____

Home Tel _____ Work _____ Cell _____

STATEMENT OF INCOME AND ASSETS

Separate statements must be made by each individual. Supporting documentation on income and assets MUST be supplied with this application form, we will not be able to process your application without the supporting financial documentation.

Current Income

My total pension is more than (this **excludes** income earned from assets):

< R 8 000	R 10 000	R12 0000	R14 000	R16 000	R18 000+
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Is your pension inflation linked? (Please tick which applies): **YES / NO**

Pension scheme name and number _____

Assets / Investments

This should include income derived from property that is let.

My total net assets/investments available for the generation of income are valued in excess of

R3 000 000 +	R 5 000 000 +	R7 000 000 +	R10 000 000 +
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What monthly income do you derive from these assets/investments? R _____

Present value of my house / flat / apartment (**not included above**)? R _____

I **will / will not** have to sell my abode to generate the income to buy a unit at Randjes Estate.

Other monthly income

From family / friends R _____ per month.
(Family or friends supporting you will need to sign surety).

Declaration of income and assets specified above

I _____ declare that the foregoing information is a true statement of my financial position.

Signature _____ **Date** _____

ACCOMMODATION REQUIRED

We have various categories of accommodation available some with garages and some with carports, please see the price list attached.

1. Preferred unit type _____
2. Alternative accommodation which would be acceptable. _____

Do you have any friends already living here? Please give details.

MEDICAL HISTORY

To assist the medical officer and in the interest of prospective Residents, it is essential that all details concerning any previous serious illness, recent operations or accidents and approximate dates should be recorded. Any relevant information regarding unusual reactions to medicine should be included.

1. Physical Health

Please state below any recent illness, operations, injuries, period spent in hospital with dates.

- i) _____
- ii) _____
- iii) _____

Any chronic problems should be disclosed _____

2. Mental Health (latest report from the Doctor is required)

Have you received any treatment in a hospital? **YES / NO**. If yes, please specify.

- i) _____
- ii) _____

Any chronic problems should be disclosed _____

Do you suffer from CONFUSION / AGGRESSION / DEPRESSION? If so, please give details.

3. General Health

Do you use a stick, walker or wheelchair? _____

Do you use a hearing aid? If yes, is your hearing dull or are you deaf? _____

Is your eyesight good, fair or poor? _____

Is your speech good, fair or have you suffered any loss of speech? _____

Do you require any assistance? If so, in what ways? _____

Do you smoke? If so, how many per day? _____

Please note that smokers are **NOT** admitted into any care facility.

Note: We do not have facilities to cater for people with an alcohol or drug addiction problem. Neither do we have the facilities to cater appropriately for people with a serious mental health/psychiatric problem. If you have not made this clear and a problem becomes noticeable after taking up residence here, you will be asked to leave within 60 days.

We trust that you will appreciate that we have a committee who reviews all applications.

I declare the above information is a true statement of the facts.

Signature _____ **Date** _____