

Thank you for your interest in Flower Foundation. We hope you find the information contained in the documents herewith useful.

What Is Flower Foundation?

Flower Foundation is a non-profit organization founded in 1963. Our aim is to provide suitable accommodation and care for men and women over 55. The idea for the Foundation came from Sweden where people were encouraged to give donations in lieu of flowers. This paved the way for what is known today as Flower Foundation. Flower Foundation appreciates any donations, bequests or volunteering, please contact the head office on 011 781 4920 for further information.

We have a variety of accommodation to offer you, or your family. In order for us to assist you comprehensively, we request that you familiarise yourself with the following information;

Types Of Accommodation We Offer:

- **Independent Living** : Residents care for themselves in cottages and flats with no assistance.
- **Residential Living**: Residents are able to care for themselves but are provided with meals and laundry.
- **Assisted Living**: Residents are provided with meals, laundry and limited daily assistance.
- **Frail Care**: Residents are provided with meals, laundry and 24 hour nursing assistance.

Areas:

- Northcliff, Cresta, Malanshof, Oaklands, Waverley, Sandown, Kensington, Lower Houghton, Witpoortjie.

Waiting List Procedure:

Flower Foundation currently has a waiting list for each of the villages, and therefore we encourage you to complete an application form in order to be placed on the list to plan for your retirement. Below please find the procedure for completing the application forms:

- Complete application forms, and return via fax to 011 781-4931 or e-mail info@flower.org.za or post to PO Box 3442, Randburg, 2125
- Sign the debit order authority for the subscription fee (2018: R300) due on the 1st April annually.
- Attach two recent passport photos of yourself (and spouse if applicable).
- A once off non-refundable application fee of R350 is applicable to all applications, please attach proof of payment to application form.
- **Bank details: Std Bank, Northcliff, Acc no. 200574183, branch 006305, Ref : Your Surname**
- If you are applying for independent living and are over 75 years of age, you may be required to have our medical forms completed by your doctor and returned to us.
- Once the application forms, debit order authority, proof of payment and photos have been received you will receive a letter confirming your placement on the waiting list and your subscription number.
- You may opt for two choices on the waiting list by choosing either two villages or two unit sizes at the same village.

We anticipate you having five years and more productive, quality living, in one of our independent units. It is therefore advisable that you keep us updated on your health and other relevant circumstances.

Accepting Accommodation:

When accepting a unit the following conditions apply:

- Updated Finances and medicals will be requested
- Finances are to be approved by the CEO, surety from family members is usually a pre-requisite and will be discussed with you
- Our three page Medical Report Form must be completed by your doctor. The medicals are submitted to the Matron of the village who will call you for a nursing assessment.
- Upon successful approval of both medicals and finances, an agreement can be signed.

Alterations And Additions To The Unit:

Units are re-carpeted and painted prior to occupation. If you require other improvements / alterations to the unit the following procedures must be followed:

- Request in writing addressed to the CEO, Mr J Raubenheimer, detailing the alterations required. This request can be made prior to signing an agreement but no later than 1 week after signing an agreement. The Projects Manager will discuss your requirements with you. Feasible alterations will be agreed to in writing by the CEO. Alterations will only commence after an agreement has been signed.
- All costs of alterations are for your account and Flower Foundation takes no responsibility for billing, payments or risks associated with the alterations, or delays to the agreed occupation date. Electrical alterations will require an electrical certificate of compliance.

Purchase Basis: Tenancy Rights

Flower Foundation sells its units on a Tenancy Rights basis, this is an up-front cash payment, for the right to occupy a residence. Upon signing an agreement a once-off non-refundable R15 000 admin fee, and a 10% deposit is payable, the balance is due one week before occupation as per the agreement.

A resident's right to remain in the accommodation depends on health and ability. When a resident vacates the unit, it is refurbished at the resident's cost and resold. A percentage of the new Tenancy Right value is due to the resident.

If the resident transfers to a Foundation care center, the due percentage is retained by the Foundation on behalf of the resident and these funds are used to cover a portion of the residents care levy. The resident will be responsible for the other portion. As the Foundation retains the residents' percentage of the Tenancy Right, the resident will receive a 10% discount on their care levy.

The value of the unit generally goes up in price each year and the portion of the Tenancy Right due to the resident is based on a sliding scale:

- 70% refund in first 6 months
- 60% refund 7-24 months
- 50% refund 25 months onwards

We trust that you will have a long and happy association with the Flower Foundation. If you have any queries, please contact one of the sales consultants on 011 781-4920.

*All prices are reviewed annually.

* T's and C's apply

Kind Regards

La Verne Hodson

Sales Manager

011 781 4920 (t)

086 540 4100 (f)

laverne@flower.org.za

Paula Ferreira

Sales Consultant

011 781 4920 (t)

011 781 4931 (f)

paula@flower.org.za

Benita Chapat

Sales Consultant

011 781 4920 (t)

011 781 4931 (f)

benita@flower.org.za



Tel: 011 781 4920
 Fax: 011 781 4931
 www.flower.org.za
 e-mail: info@flower.org.za



Head Office
 P O Box 3442
 RANDBURG, 2194

APPLICATION FOR ACCOMMODATION

* Please include a recent photo of yourself

How did you hear about the Foundation?

DATE:

PERSONAL DETAILS

SURNAME (Block Letters)

CHRISTIAN NAMES (Block Letters) MR

MRS/MISS/MS

ADDRESS

.....Postal Code.....

Telephone Numbers: (H) (Cell).....

(W)..... (e-mail)

Marital Status

Date of Birth MR Identity No. MR

Date of Birth MRS/MISS/MS..... Identity No. MRS/MISS/MS.....

Occupation (before retirement) MR..... MRS/MISS/MS.....

Hobbies, special interest.....

Pets.....

WAITING LIST DETAILS

	VILLAGE at which accommodation is required	TYPE of accommodation (1 bed /2 bed / large/small etc)	ESTIMATED DATE when accommodation is required
1 st choice			
2 nd choice			

MEDICAL DETAILS

State of Health MR
MRS/MISS/MS

Name & Address of Doctor
Telephone No. Fax No.....
Medical Aid Fund
Medical Aid Membership No.
Any special diets, allergies or drugs

SPECIAL DETAILS (optional)

Religious Affiliation..... Name of Leader.....
Address

Do you have a Living Will? (If so, a copy will be required when you become a resident)
Name of person having custody of your last Will and Testament (copy NOT required).....
Address.....
Name of Executor
Address Tel No.

Funeral Preference: Do you prefer cremation or burial?
Name of Undertaker:
Name of Burial Society:
Address:.....
Special Requests (if any).....

NEXT OF KIN DETAILS

Next-of-kin: 1. Name: Relationship:
Address: Cell No.
..... Tel No.
E-mail.

Next-of-kin: 2. Name: Relationship.....
Address: Cell No.....
..... Tel No:
E-mail,

Next-of-kin: 3. Name: Relationship.....
Address: Cell No.....
..... Tel No.....
E-mail.

NAME

SOURCE	MONTHLY AMOUNT
--------	----------------

ARE YOU IN RECEIPT OF A SALARY?	YES/NO
Employer	Gross R
Position held	

ARE YOU IN RECEIPT OF ANY PENSION(s)?	YES/NO
Type of Pension.....	R.....

Type of Pension.....	R.....
----------------------	--------

DOES YOUR PENSION HAVE AN ESCALATION INDEX?	YES/NO
---	--------

ARE YOU IN RECEIPT OF ANY ANNUITY?	YES/NO
Source	R.....

Source.....	R.....
-------------	--------

HAVE YOU ANY CAPITAL INVESTED?	YES/NO
Type..... Capital Sum R.....	R

Type..... Capital Sum R.....	R
------------------------------	---------

Type..... Capital Sum R.....	R
------------------------------	---------

HAVE YOU ANY OTHER SOURCES OF INCOME?	YES/NO
---------------------------------------	--------

Source.....	R.....
-------------	--------

Source.....	R.....
-------------	--------

TOTAL MONTHLY INCOME	R _____
-----------------------------	----------------

HAVE YOU ANY LIFE ASSURANCE POLICIES/RETIREMENT ANNUITIES STILL TO MATURE?	YES/NO
--	--------

If YES, please give approximate total maturity values:	R.....
--	--------

HAVE YOU ANY FIXED PROPERTY?	YES/NO
------------------------------	--------

Address.....	
--------------	--

Estimated Market Value	R.....
------------------------	--------

Is there a Mortgage Bond over the property?	YES/NO
---	--------

amount still owing	R.....
--------------------	--------

I hereby certify that the information in this document is, to the best of my knowledge and belief, correct

Date Signature



DEBIT ORDER AUTHORITY
(for wait list subscribers)

FULL NAME _____

REGISTRATION NUMBER (for office use) _____

I/We hereby authorise the Flower Foundation Retirement Homes Non-Profit Organisation number 000-836 NPO (the Foundation) to debit my/our/the under mentioned account with the amount due in respect of my/the **Annual Subscription Fee**. The debit order will be processed on the 1st business day of April each year.

FINANCIAL INSTITUTION _____

BRANCH NAME _____

BRANCH NUMBER _____

ACCOUNT NUMBER _____

ACCOUNT TYPE
(Current/Savings/etc) _____

ACCOUNT NAME _____

(NB .Please enclose a cancelled cheque)

Bank Account Holder(s) Signatories

Name _____

Name _____

Signature _____

Signature _____

Note

I/We undertake not to cancel or stop the abovementioned authority without advising the Foundation at least one month in advance of the due date.

Signature _____

DATE _____

(*please note: this debit order will be processed on the first April following your registration with us)