



Alphenvale Retirement Village



Application Form

Full Name: _____

I.D. Number/Date of Birth: _____

Name of Spouse: _____

I.D. Number/Date of Birth: _____

Address: _____

Postal Code: _____

Telephone: _____ Fax: _____

Cell: _____ Email: _____

Next of kin name and address: _____

Contact number: _____

I confirm that I have read the attached conditions, and I agree to pay the sum of R 2000.00 to the Alphenvale Trust at the time of joining the list. I also confirm that I have not been introduced by any person or agent who would be entitled to claim commission in the event of a sale taking place. I acknowledge that this amount is not transferable and will only be refundable if I reach the age of 75 and have not reached the top 50 on the waiting list.

Signed at: _____ on this _____ day of

_____ 20____ .

Signature

Trustees: W. Elder (Chairman), A.W. Laubscher (Vice Chairman),
C.M.G Wortley; W. Jackson
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