

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 Flower 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 familiarize 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 assistance with daily living activities.
- **Full Care:** Residents are provided with meals, laundry and 24 hour nursing assistance.

Areas:

- Cresta, Kensington, Lower Houghton, Malanshof, Northcliff, Oaklands, Sandown, Waverley, 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 send to applications@flower.org.za
- Sign the debit order authority for the subscription fee (2023: R350) due on the 1st April annually.
- Attach a recent photo of yourself (and spouse if applicable).
- Attach proof of payment of the once off non-refundable application fee of R350.
- **Bank details: Std Bank, Northcliff, Acc no. 200574183, branch 006305, Ref: Your Surname**
- 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.
- For care agreements, a non-refundable deposit is due with the first levy. When purchasing a unit, a non-refundable admin fee is due and a percentage of the purchase price as deposit.

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. G Coetzee, 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 team 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 R17 000 admin fee and a 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 future Tenancy Right value is due to the resident.

If the resident transfers to a Flower Foundation care center, the due percentage is retained by Flower 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 Flower 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 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

For any questions please contact

Benita Chapat

Sales Consultant

011 781 4920 (t)

082 820 1186 (c)

benita@flower.org.za

APPLICATION FOR ACCOMMODATION			
Date of Application:		Membership Nr's:	
How did you hear about Flower Foundation?			
APPLICANT INFORMATION			
Surname:		Mr. Mrs. Ms. Dr. Prof.	Birth Date:
Names:		ID:	
Address:			
		Postal Code:	
Cell:		Tel.(h/w):	
Email:			
Marital Status: ANC <input type="checkbox"/> COP <input type="checkbox"/>		Occupation (pre-retirement):	
Widow/er <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>			
Hobbies/Interests:			
SPOUSE INFORMATION			
Surname:		Mr. Mrs. Ms. Dr. Prof.	Birth Date:
Names:		ID:	
Address:			
		Postal Code:	
Cell:		Tel.(h/w):	
Email:			
Marital Status: ANC <input type="checkbox"/> COP <input type="checkbox"/>		Occupation (pre-retirement):	
Widow/er <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>			
Hobbies/Interests:			
ACCOMMODATION INFORMATION			
Option	Village Required	Cottage size (1bed/2bed/large/small)	Estimated Date of Occupation
1			
2			
Do you have a pet? Y / N		Type, Breed, Age:	
GENERAL MEDICAL INFORMATION – APPLICANT			
State of Health:			

Allergies, Medication, Special Diets:		
Doctor:	Doctor Tel. Nr.:	
Doctor Address:		
Medical Aid Fund:	Membership Number:	
GENERAL MEDICAL INFORMATION - SPOUSE		
State of Health:		
Allergies, Medication, Special Diets:		
Doctor:	Doctor Tel. Nr.:	
Doctor Address:		
Medical Aid Fund:	Membership Number:	
GENERAL INFORMATION		
Religious Affiliation:	Name of Leader:	
Address:	Tel:	
Do you have a LIVING will? Y / N (a copy is required when you become a resident)		
SPECIAL DETAILS		
Person holding Power of Attorney:	Relationship:	
Email:	Cell:	Tel:
Name of Curator Bonis:	Institute:	
Email:	Cell:	Tel:
Name of Curator Ad Personam:	Institute:	
Email:	Cell:	Tel:
Name of Executor:	Tel:	
Address:		
Name of Burial Society /Undertaker:		
Tel:	Address:	
Funeral Preference: Burial / Cremation	Special Requests:	

NEXT OF KIN DETAILS

1.	Name:	Relationship:
	Cell:	Tel (h/w):
Email:		
Address:		
2.	Name:	Relationship:
	Cell:	Tel (h/w):
Email:		
Address:		
3.	Name:	Relationship:
	Cell:	Tel (h/w):
Email:		
Address:		
Comments		

DETAILS OF ASSETS AND INCOME FOR APPLICANT(S)			
Note: Proof of assets and income will be required.			
Full Name(s):			
INCOME SOURCE		MONTHLY AMOUNT	
		Applicant	Spouse
Do you Receive a Salary: Y/N	Indicate Gross Income	R	R
Employer:	Position held:		
Employer:	Position held:		
Do you Receive a Pension: Y/N Escalation Index:	Type:	R	R
	Type:	R	R
Do you receive an Annuity: Y/N	Source:	R	R
	Source:	R	R
Other Income: Y/N	Source:	R	R
	Source:	R	R
Capital Invested: Y/N			
Type:	Capital R	R	R
Type:	Capital R	R	R
Type:	Capital R	R	R
Type:	Capital R	R	R
Total Monthly Income:		R	R
Do you have any Life Assurance Policies/Retirement Annuities still to mature: Y/N		R	
Do you own Fixed Property: Y/N	Bond Owning R		Value R
Address:			
Fixed Property:	Bond Owning R		Value R
Address:			
Fixed Property:	Bond Owning R		Value R
Address:			
Will the sale of a Fixed Property be funding the purchase of a Foundation unit: Y / N			
I hereby certify that the information in this document is, to the best of my knowledge and belief, correct.			
Signature of Applicant:		Date	
Signature of Spouse:		Date	
Notes:			