



Blue Mountain Retirement Community



Frail Care at Blue Mountain Haven

Index

1	Our Aims and Objectives	Page 2
2	Agreement of Admission	Page 3
3	Deed of Suretyship	Page 9
4	General Power of Attorney	Page 11
5	The Service Provider and Fee Structure	Page 13
6	Last Will Information	Page 15
7	Consultation with the Nursing Services Manager	Page 16
8	Complaint Procedure	Page 19
9	Complaint Reporting Form	Page 20
10	DStv Package Available with Debit Order Instruction Form	Page 23
11	Electricity Usage and Recovery at Blue Mountain Haven	Page 26

Aims and Objectives of the Blue Mountain Retirement Community

The overall aim is to administer to the physical, psychological, social and spiritual needs of residents in Blue Mountain Haven and Gables, enabling them to live their lives to the fullest as individuals and to enjoy as much independence as possible in a happy, safe and peaceful environment.

1) Aims

Specifically, our aim will be to:

- a) ensure that the individual resident is provided with the appropriate level of assessed care;
- b) ensure that the individual resident's care is based on the individual's need;
- c) ensure that the individual resident or a nominated relative, friend and / or carer has the choice to be involved in the planning of the resident's care;
- d) assist the individual resident to maintain independence, personal culture and contact with the broader community;
- e) ensure that the individual resident has ample opportunity to exercise all appropriate rights and enjoy a fulfilling and meaningful lifestyle.

2) Objectives

Specifically, our objectives will be to:

- a) respect the resident's privacy and dignity;
- b) provide holistic care to residents, which includes meeting spiritual, cultural, social and psychological needs;
- c) take every action we can to prevent abuse from happening;
- d) respond appropriately when it is suspected that abuse has occurred;
- e) provide ongoing education for all staff about safeguarding people from abuse and put into practice;
- f) that staff are familiar with the equipment and knowledge to allow the residents to receive the best possible care;
- g) encourage all staff to work as a team; and
- h) ensure the common property is adequately maintained and complies with all legal requirements and operational standards.

Agreement: Terms and Conditions of Admission

AGREEMENT: TERMS AND CONDITIONS OF ADMISSION

of

BMRC FRAIL CARE SERVICES NPC, GEORGE
Registration Number: 2017 / 186539 / 08
(Hereinafter referred to as 'BMRC')

and

Full Names: _____

Identity Number: _____

(Hereinafter referred to as 'the Resident')

1. PREAMBLE

WHEREAS

- a) the Resident is to take occupation in the facility of BMRC as from the Occupation Date;
- b) BMRC is to provide certain services to the Resident for the duration of such occupation;
- c) the occupation and provision of services to the Resident are to take place according to certain standard terms and conditions as laid down by the BMRC; and
- d) the Resident accepts such terms and conditions as set out hereinafter.

NOW THEREFORE THE FOLLOWING IS AGREED:

2. OCCUPATION DATE

The Resident shall take occupation on or before the _____ day of _____ 20__

3. SERVICES TO BE RENDERED

- 3.1. All services rendered will be in accordance with the relevant provisions of the Older Persons Act No 13 of 2006, as amended from time to time, as well as all other applicable legislation.
- 3.2. BMRC agrees to provide the Resident with accommodation facilities and care and in particular the following:
 - 3.2.1. To provide appropriate 24 (twenty four) hour care, assistance and supervision to the Resident;

- 3.2.2. To provide the Resident with all meals, according to dietary requirements, including morning and afternoon teas;
 - 3.2.3. To service and clean the interior of the unit;
 - 3.2.4. To provide laundry facilities, with the exclusion of dry cleaning facilities, carpet cleaning (own carpets), servicing or maintenance of own equipment;
 - 3.2.5. To allow the installation of television sets, telephones, personal computers etc. by the Resident, which installation and usage costs will be for the Residents' own account.
- 3.3. Specialised nursing care is not available in the BMRC Frail Care facility and should a Resident require this type of nursing, alternative arrangements must be made and will be for the account of the Resident. The Senior Nursing staff of BMRC shall assist as far as possible in arranging any specialised nursing care. These specialist care givers must be registered at Blue Mountain Village Home Owners' Association and comply with all regulations of the Estate and Blue Mountain Retirement Community.

4. CARE TO BE RENDERED

- 4.1. In the event of the Resident requiring ordinary care, BMRC will use its best endeavours to provide such, which care shall include the obtaining of the services of medical practitioners, psychiatrists, social workers and other support services e.g. physiotherapist and dieticians.
- 4.2. All charges incurred in respect of additional care shall be borne and paid for by the Resident on presentation of invoice pertaining to these costs, including medication and stock used.
- 4.3. Sundry BMRC stock items used during the month by a Resident shall be charged for at the end of every month.
- 4.4. If a Resident is to be taken to a hospital for admission, it remains the responsibility of the Resident or his family members to arrange for somebody to accompany the Resident, as BMRC cannot provide staff for such.

5. MEDICATION

- 5.1. If so required by the Nursing Services Manager of BMRC, the Resident shall provide the Nursing Services Manager with:
 - 5.1.1. a prescription (valid for a period of at least 6 (six) months) of medications being taken or to be taken by the Resident;
 - 5.1.2. a list of all medication used by the Resident;
 - 5.1.3. a copy of the most recent medical report compiled by the Resident's own doctor.

- 5.2. BMRC will make use of the MedGuard24 system to dispense medication.
- 5.3. BMRC administers the medication according to the provisions of the relevant legislation;
- 5.4. The Resident authorises BMRC to liaise with the Resident’s general practitioner or any other medical person or institution that BMRC may deem necessary in exercising its duty of care.
- 5.5. The Resident authorises BMRC to transfer the Resident to a hospital and/or clinic should it be necessary at the discretion of BMRC, in which case the costs of such transfer, including the costs of all doctors, shall be for the account of the Resident (or his/her medical aid).

6. FEES PAYABLE BY RESIDENT

- 6.1. **On-going fees:** For the services and care to be rendered, on-going fees will be payable by the Resident in accordance with the fee schedule attached hereto as Schedule 1, which forms part of this agreement and may be amended by BMRC from time to time in their sole discretion;
- 6.2. **Deposit:** A deposit equal to the monthly fees chargeable in terms of Schedule 1 for a period of 1 (one) month, shall be payable by the Resident on or before the Occupation Date. This deposit will be refundable upon lawful termination of the Resident’s stay in the BMRC Frail Care Services facility, provided all outstanding fees due, have been settled in full. The deposit will be held in in interest bearing account.
- 6.3. Upon termination for whatever reason of a Resident’s stay in the BMRC Frail Care Services facility, no fees paid or any portion of any of the fees paid, will be refundable for the period from the day after the Resident ceases to occupy the facility to the end of that billing period.
- 6.4. Should a Resident be admitted to the facility of BMRC during the course of a month, a pro-rata calculation of fees till the end of that billing period shall apply.
- 6.5. Fees due in accordance with Schedule 1 shall be payable in advance on or before the 3rd (third) day of each month.
- 6.6. Payment of fees shall be made at the BMRC Frail Care Services facility or by EFT directly into the bank account of BMRC, of which banking details are as follows:

BANK: _____

ACCOUNT HOLDER: _____

ACCOUNT NUMBER: _____

BRANCH CODE: _____

REFERENCE NUMBER: _____

The account number of the Resident is to be used as a reference number.

- 6.7. Should the Resident default in payment of any amount due to BMRC, it shall be entitled to recover, in addition to such amount due, all costs, disbursement and commissions incurred in recovering payments of an attorney and own client scale.
- 6.8. Interest on arrear amounts may be charged by BMRC at prime rate plus 3% (three percent) and any payments received may be applied to first settle costs, then interest and thereafter any capital amount due.
- 6.9. BMRC is entitled to require a third party, acceptable to it, to stand in as surety for the due compliance by the Resident with his/her obligations in terms of this clause 7. The surety so required, is contained in Schedule 2 to this agreement.

7. DURATION AND TERMINATION OF RESIDENCY

- 7.1. The stay of the Resident will be for an indefinite period until terminated by death of the Resident or by notice from either the Resident or BMRC.
- 7.2. The Resident and BMRC shall be entitled to terminate this agreement, and hence the termination of occupancy by the Resident, by means of a 1 (one) month's written notice to such effect to the other party.
- 7.3. Upon the expiry of the 1 (one) month's written notice period, the Resident will vacate the BMRC Frail Care Services facility. If a Resident, for whatever reason, stays in BMRC Frail Care Services facility, despite the required notice having been given, he will remain responsible for the full payment of all fees for the duration of such further stay, without prejudice to any rights of BMRC.

8. DOMICILIUM & ADDRESS

The Resident chooses as its domicilium citandi et executandi for the purpose of service of all letters, notices, accounts, summonses and any other court process, the following address:

Telephone No: _____

E-mail: _____

9. VALUABLES

9.1. Should the Resident bring valuables, including money, jewellery into the BMRC Frail Care Services facility, the Resident acknowledges that neither BMRC nor any of its employees or agents shall be held responsible for any loss of valuables or any property belonging to or in the possession of the Resident, or damage to such goods however such loss or damage may arise;

10. ABUSE

10.1. Abuse of any nature, for example verbal or physical abuse by Residents and/or family members towards the staff can lead to immediate discharge from the BMRC Frail Care Services facility. This also includes sexual harassment towards any staff member.

10.2. Alcohol consumption by the Resident may be supervised and controlled by the person in charge of the BMRC Frail Care Services facility.

11. DISCLAIMER AND INDEMNITY

11.1. The Resident indemnifies and holds harmless BMRC, its directors, employees, agents and/or invitees against all, and any claim of whatsoever nature which may be made against any of them arising from any injury, damages or loss of any cause whatsoever to the person or property of the Resident, the Resident's visitors, guests, invitees, or guardians, howsoever arising or caused.

11.2. BMRC will use its best efforts to provide professional and excellent nursing care at all times and seeks to enhance the quality and comfort due to the Resident. The Resident however waives any right of recourse against BMRC other than for professional negligence or wilful misconduct.

12. RESIDENT'S INFORMATION

The Resident agrees to provide all the necessary information in regard to his/her personal detail and information required in Schedule 3 to this agreement and which will form part of this agreement. By signing this agreement, he/she warrants that the information contained in Schedule 3 is correct as at the date of signature and undertakes to notify BMRC should any of the particulars on Schedule 3 change at any stage.

13. GENERAL

13.1. This document contains the entire agreement between the parties. Any addition, deletion or variation thereof, shall not be of any force or effect unless reduced to writing and signed by the parties or their duly authorised signatories.

- 13.2. Any latitude of indulgence allowed by BMRC to the Resident from time to time regarding the Resident's obligations and payments conditions, shall not in any manner constitute a waiver in whole or in part by BMRC and shall not prejudice the right of BMRC to strictly impose or enforce any of its rights hereunder at any time.
- 13.3. Each clause of the contract is severable, the one from the other and if any one or more clauses are found to be invalid or unenforceable, the rest shall remain in full force and effect.
- 13.4. Unless the context otherwise requires, the words importing the singular shall include the plural and vice versa and one gender shall include the other gender and vice versa.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20__

AS WITNESSES:

1. _____
RESIDENT
2. _____
for BMRC FRAIL CARE SERVICES

SCHEDULE 2

DEED OF SURETYSHIP

I, the undersigned

ID No : _____

(the Surety)

hereby bind myself as Surety and Co-Principal Debtor jointly and severally to :

BMRC FRAIL CARE SERVICES NPC

Registration No : 2017/186539/08

(the Creditor)

for the due and proper fulfilment of all the obligations of, and for the punctual payment of all sums which are or may become due by :

ID No : _____

(the Resident)

or his/her successors in title or assigns, to the Creditor, arising from all amounts due and payable by the Resident to the Creditor in terms of an admission agreement to the BMRC Frail Care Services facility dated _____.

I agree and declare that:

1. No act of indulgence, relaxation or grace granted by the Creditor to the Resident or any amendment of the obligations existing between the Resident and the Creditor shall prejudice or affect the Creditor's rights in terms hereof, and if any action by the Creditor results in a novation of any debt or liability between the Creditor and the Resident or if the agreement between the Resident and the Creditor is terminated and a new agreement concluded in place thereof, then I undertake and agree to be similarly bound as Surety and Co-Principal Debtor jointly and severally to the Creditor for such novated debt or liability or such newly concluded agreement.
2. All acknowledgements of indebtedness and admissions by the Resident shall be binding on me.

3. The Creditor shall be entitled, without prejudice to its rights and without detracting from my liability hereunder, to release any securities or other sureties given to it or give time to or compound with or make any arrangements with the Resident in regard to the fulfilment of any of the Resident's obligations as the Creditor in its absolute discretion deems fit.
4. The Creditor is hereby irrevocably authorised to apply any monies received by it from me/us in terms of this suretyship against the indebtedness of the Resident to it in such a manner as the Creditor in its discretion may think fit.
5. This surety shall establish a continuing covering liability on my part for whatever amount/s will be owing by the Resident to the Creditor for the time being, notwithstanding the death, insolvency or legal disability of the Resident or any other surety(ies) for and/or co-principal debtor(s) with the Resident, until the Creditor will have agreed in writing to cancel this surety.
6. Should I at any given time, in defending any such action based on this suretyship, allege that there is no reason or cause for the Resident's obligations to the Creditor or that errors have been made in the calculation of the amount claimed, then the onus of proving such a defence will rest on me.
7. I renounce the benefits of excussion, division and cession of action, the full meaning and effect whereof I know and understand.
8. I choose *domicilium et executadi* at

Telephone No : _____

E-mail : _____

9. This suretyship constitutes the entire agreement between the Creditor and I and no variation thereof shall be of any force or effect unless it is in writing and signed by both the Creditor and I.
10. I acknowledge that no representations whatsoever have been made to me in order to induce me to sign this suretyship.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20__

AS WITNESSES :

1. _____

Surety

2. _____

Schedule 3

GENERAL POWER OF ATTORNEY

I, the undersigned,

Name: _____

Identity Number: _____

Address: _____

do hereby appoint:

Name: _____

Identity Number: _____

Address: _____

(hereinafter called "the Agent")

To be my lawful representative for managing and transacting my entire affairs and business, with full power and authority for me and in my name and for my account and benefit, and to generally act in relation to my property, business and affairs and in relation to this deed as fully and effectually in all respects as I myself could, and more particularly to (but not restricted to), do the following:

1. Manage and deal with my immovable property and to make any outlay in connection with the said property and the upkeep thereof or otherwise in relation to the said property or any part thereof;
2. Manage my business affairs, investments, securities and movable property and to make any payments in connection with my personal and business affairs, investments, securities and movable property;
3. Demand, sue for and recover, or defend all actions and other legal proceedings in respect of my property or affairs or any part thereof or in respect of anything in which I or my property or affairs may be in any way concerned;
4. Settle, compromise or submit to arbitration on all accounts, claims and disputes between me and any other entity or person;

5. Accept the transfer of any stocks, funds, property, shares, annuities and other securities, that shall or may at any time hereafter be transferable or due to me, whether solely or jointly with any other person;
6. Invest any of my money and from time to time to vary the said investments or any of it and in the meantime, and pending any such investment as aforesaid, to deposit the said money or any part thereof with any bank, building society or other institution authorised by law to accept money on deposit;
7. The receiving of the dividends, interest and income arising from any stocks, shares or other property now or hereafter belonging to me, whether solely or jointly with any other person(s);
8. Carry into effect and perform all agreements entered into by me with any other person(s);
9. Operate on any banking account already opened in my name alone or in the joint names of myself and any other person or persons;
10. Open or operate any new banking account on my behalf and in my name;
11. Sign and execute on my behalf all contracts, transfers, deeds and instruments whatsoever;

I hereby ratify and agree to ratify everything, which the Agent under this power of attorney shall do or purport to do by virtue of this power of attorney.

This general power of attorney will apply indefinitely, until rescinded by me.

Signed at _____ on this _____ day of _____ 20__

My Signature _____

Agent's Signature _____

First Witness:

Second Witness:

Name:

Name:

ID Number:

ID Number:

Signature:

Signature:

PERMANENT FRAIL CARE SERVICES INCLUDE:

24/7 nursing care, 3 meals, morning and afternoon refreshments, laundry, cleaning of the room, medication administration, basic manicures and pedicures, 24/7 emergency link to the nurses' station, an occupational therapist activity once a week, a weekly consultation with the social worker and a DStv connection with the availability of a special DStv package.

All stock used will be charged separately and according to medical supply list charges.

**PERMANENT FRAIL CARE PRICE LIST
(VALID TILL END FEBRUARY 2018)**

1. PERMANENT FRAIL CARE AT THE HAVEN FOR NON-OWNERS, RENTING THROUGH THE NON-PROFIT COMPANY

DESCRIPTION	PRICE PER PERSON REQUIRING PERMANENT FRAIL CARE SERVICES	UNIT RENTAL PAYABLE	BODY CORPORATE LEVY	COMMUNITY SERVICE OMBUDSMAN LEVY	TOTAL
Double Occupancy	R10,630.00	R2,250.00	R306.57	R1.13	R13,187.70
Kindly take note of the following: <ol style="list-style-type: none"> 1. the electricity usage of the unit is excluded from the price; and 2. should the facility not have a double occupancy unit available immediately, the resident will be placed, but until the facility can place an additional resident to share the unit, the resident will be liable for: <ol style="list-style-type: none"> a. the full payment of the rent, R4,500.00 per month; b. the full payment of the body corporate levy, R613.14; and c. the full payment of the CSOS levy, R2.26. 					
Single Occupancy	R13,260.00	R4,500.00	R613.14	R2.26	R18,375.40

2. PERMANENT FRAIL CARE AT THE HAVEN FOR NON-OWNERS, RENTING PRIVATELY

DESCRIPTION	PRICE PER PERSON REQUIRING PERMANENT FRAIL CARE SERVICES
Double Occupancy	R10,630.00
Single Occupancy	R13,260.00

**3. PERMANENT FRAIL CARE AT THE HAVEN FOR OWNERS
(ALL OWNERS OF THE BLUE MOUNTAIN RETIREMENT COMMUNITY, BUT EXCLUDING MEMBERS OF THE BLUE MOUNTAIN HAVEN BODY CORPORATE, PHASE 1)**

Kindly take note that owners of the Blue Mountain Retirement Community are entitled to 3 days free medical frail care services per year, if and when it is required.

DESCRIPTION	PRICE PER PERSON REQUIRING PERMANENT FRAIL CARE SERVICES	UNIT RENTAL PAYABLE	BODY CORPORATE LEVY	COMMUNITY SERVICE OMBUDMAN LEVY	TOTAL
Double Occupancy	R9,630.00	R2,250.00	R306.57	R1.13	R12,187.70
<p>Kindly take note of the following:</p> <ol style="list-style-type: none"> 1. the electricity usage of the unit is excluded from the price; and 2. should the facility not have a double occupancy unit available immediately, the Blue Mountain Retirement Community Owner will be placed, but until the facility can place an additional resident to share the unit, the resident will be liable for: <ol style="list-style-type: none"> a. the full payment of the rent, R4,500.00 per month; b. the full payment of the body corporate levy, R613.14; and c. the full payment of the CSOS levy, R2.26. 					
Single Occupancy	R11,260.00	R4,500.00	R613.14	R2.26	R17,375.40

4. **PERMANENT FRAIL CARE AT THE HAVEN FOR OWNERS**
(MEMBERS OF THE BLUE MOUNTAIN HAVEN BODY CORPORATE, PHASE 1)

DESCRIPTION	PRICE PER PERSON REQUIRING PERMANENT FRAIL CARE SERVICES
Double Occupancy	R9,630.00
Single Occupancy	R11,260.00
<p>Kindly take note that the following is excluded from the price:</p> <ol style="list-style-type: none"> 1. the electricity use; 2. the body corporate levy; and 3. the CSOS levy. 	

Last Will and Testament Information

(Name of Resident)

The Last Will and Testament has been completed and which is in the safe keeping of:

1. Personal details:

Name & Surname	
Postal Address	
Physical Address	
Telephone Number	
Cell phone Number	
E-mail	

2. Executor of Will:

(Name)

Name & Surname	
Postal Address	
Physical Address	
Telephone Number	
Cell phone Number	
E-mail	

3. Living Will:

Do you have a "Living Will"?

YES

NO

If yes, please enclose a copy for record purposes.

Signature of Relative / Applicant

Date

Consultation with the Nursing Services Manager

Thank you for your interest in residency at the Blue Mountain Haven. Our beautiful residence provides a wonderful solution for those who prefer a safe and secure haven. We provide an array of supportive services and amenities to promote dignity and independence.

Our number one goal is to provide a caring, nurturing residential community for those in need of an extra helping hand when required.

Please complete and return to the Nursing Services Manager at Blue Mountain Haven. All information will be kept confidential. Upon receipt of your completed form, the Nursing Services Manager will contact you to arrange the required consultation.

1. GENERAL INFORMATION

NAME	
ID NUMBER	
GENDER	MALE ____ FEMALE ____
BIRTHDAY	
PRIMARY LANGUAGE	
SECONDARY LANGUAGE	
MARITAL STATUS	MARRIED __ SINGLE __ WIDOW/ER __
AGE	
RELIGIOUS AFFILIATION	

2. DAILY LIVING

How do you enjoy spending your time? What hobbies do you have?

Please use an "X" to describe yourself in the following areas:

TASK	INDEPENDENT	SOME ASSISTANCE	FULL ASSISTANCE
PREPARING MEALS			
EATING			
HOUSEKEEPING			
LAUNDRY			
BATHING			
ORAL HYGIENE			
HANDLING FINANCIAL AFFAIRS			

HANDLING PERSONAL AFFAIRS			
SHOPPING			
TRANSPORTATION			
DRESSING			
WALKING			

Do you use a mobility device?

YES	NO
-----	----

If yes, please specify

Do you still drive?

Do you require parking?

What other assistance do you feel you need?

What special equipment or devices do you require?

3. MEDICAL INFORMATION

Physician's Name

Telephone number

What medical / health problems do you have?

Do you require assistance/reminders to administer your medication (s)?

YES	NO
-----	----

Do you require assistance with a special diet or eating?

YES	NO
-----	----

If yes, please specify

Medication

All prescription medications must be detailed and by signing this form, the resident authorizes the General Manager to release this information in case of emergency hospitalization. It is the responsibility of the Tenant to ensure this information is kept up to date.

MEDICATION NAME	DOSAGE	FREQUENCY

Medical Fund

Medical fund

Member number

Plan / Option

Principal Member

4. RESPONSIBLE RELATIVE / GUARDIAN IN CASE OF EMERGENCIES

NAME	
RELATIONSHIP	
CELL PHONE NUMBER	
LANDLINE NUMBER (WORK)	
LANDLINE NUMBER (HOME)	

I hereby certify that the information in this pre-consultation form are true and correct to the best of my knowledge and belief.

DATE

SIGNATURE

Complaint Procedure

We understand that, however high our standards, there may be times when a person is dissatisfied with the service they receive. It is important that they are able to voice those concerns, have the matter investigated and receive feedback on what action has been taken to remedy the situation.

By handling complaints in this way we aim to ensure that a positive outcome is achieved for all concerned.

Blue Mountain Retirement Community promotes a policy that enables any resident, family member or visitor to our facility or member of staff to lodge a complaint or raise a concern about any aspect of our service.

However, we recognise that many people find it difficult to make a complaint. Blue Mountain Retirement Community is therefore committed to making the process as easy as possible for all concerned.

Complaints Procedure

We aim to deal quickly and effectively with any complaint from a resident, relative or visitor. The procedure is as follows:

- 1) The Nursing Services Manager will ensure that all staff understands the procedure for and importance of recording verbal complaints and concerns, as well as more formal complaints.
- 2) Any member of staff who receives a complaint will record the details on a complaint form, if verbally communicated, including the date of the complaint/concern, the name of the person who made the complaint, a brief outline of the complaint and any immediate action taken to resolve the complaint.
- 3) The complaint will be communicated as soon as possible to the relevant Manager.
- 4) A written record will be kept of the complaint at all stages in the complaint file and all complaints will be recorded.
- 5) Where possible the complainant will be encouraged to approach the Nursing Services Manager in the first instance. Our Managers operate an open door policy. However, anyone making a complaint has the right to contact, in the first instance, the Western Cape Department of Social Development and Health.

Contact details for the Western Cape Government:

Call Centre:	0860 142 142
Tel:	021 483 3245

SMS “Help” to: 31022
“Please Call Me” to: 079 769 1207
E-mail: service@westerncape.gov.za

- 6) Should the complaint be of a nature which is more complex and the Nursing Services Manager cannot come to an agreeable outcome with the involved parties, the Directors of the Blue Mountain Haven Retirement Community will consider the complaint and work with all parties to come to an acceptable resolution.
- 7) All complaints will be acknowledged by letter as soon as practicably possible but in any event within 10 working days.
- 8) The complaint should receive a full reply within 28 days of the complaint being received. The reply will detail the result of the investigation and what action will be taken.
- 9) If the complaint is of a very serious nature, it may take longer than 28 days to investigate. In such cases, a letter will be sent to the complainant within this time period explaining the reason for any delay and an estimated time for completion of the investigation.

Complaint Reporting Form

In accordance or Regulation 4(1), Department of Social
Development Older Persons Act, 2006 (Act No. 13 of 2006)

1. Date: _____

2. Name of complainant/anonymous:

3. Nature of complaint:

4. Person against whom complaint is made:

5. Investigator's name: _____

6. Outcome:

7. Feedback to complainant:

8. Steps taken:

9. Date matter finalized: _____

DStv Contract and Channels available at the Haven

Herewith, I: _____

resident in door no: _____

accept the DStv packet that is applicable at Blue Mountain Haven on the following terms and conditions:

1. The monthly payment in advance is R434.00 till end March 2018.
2. New subscribers can join any time during the year on the 1st day of every month.
3. If a new subscriber want to join in the middle of the month, the subscriber will be liable for the full payment.
4. If the subscriber cancels the contract during the month, the subscriber will be liable for the full payment.

Channel Numbers	Description
101	M-NET
103	MNET MOVIES PREMIERE
104	MNET MOVIES COMEDY
105	MNET MOVIES FAMILY
106	MNET MOVIES ACTION +
108	MNET SHOWCASE
200	SUPER SPORT BLITZ
201	SUPER SPORT 1
202	SUPER SPORT 2
203	SUPER SPORT 3
204	SUPER SPORT 4
205	SUPER SPORT 5
206	SUPER SPORT 6
207	SUPER SPORT 7
208	SUPER SPORT 8
209	SUPER SPORT 9
210	SUPER SPORT SELECT
221	SUPER SPORT MAXIMO 1
191	SABC 1
192	SABC 2
193	SABC 3
194	ETV
118	TELEMUNDO
162	MAGIC WORLD
189	IGNITION
239	TELLY TRACK
251	SOWETO TV
260	BAY TV
261	1 KZN
262	TSHWANE TV
263	CTV
340	DUMISA
341	FAITH
343	RHEMA
347	ITV

404	SABCN
405	ANN7
406	AL JAZEERA
407	RT
408	PARLIAMNET
409	CCTVN
410	CNBC AFRICA
411	BLOOMBERG
412	BDTV
430	RAI
431	BVN
435	TRPI
437	TV5
446	DEUTCHE WELLE
447	CCTV4
186	HISTORY CHANNEL
181	NATIONAL GEOGRAPHIC
120	BBC ENTERTAINMENT
400	BBC WORLD NEWS
121	DISCOVERY CHANNEL
137	TCM
144	KYKNET
146	KYKNET MUSIEK
170	CRIME & INVESTIGATION
128	SONY MAX

Signed at _____ on this _____ day of _____ 20_____

Signature

DEBIT ORDER INSTRUCTION

The details of my/our bank account are as follows:

Name	
Premises	
Reference Number	
Bank	
Account Name	
Account Number	
Branch Code	
Account type	

I/We hereby request, “Instruct” and authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/We may transfer my/our account) the sum of R..... (.....), on

.....day of each and every month commencing on and continuing (as the case may be). All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawals hereby authorised will be processed by computer through a system known as the ACB Magnetic Tape Service, and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

This authority may be cancelled by me/us by giving you 30 days’ notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).
NOTE: A cancelled cheque should be attached for bank identification purposes. (Current Accounts only). The User may add to the above minimum requirements.

ASSIGNMENT:

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

SIGNATURE

Electricity Usage at the Haven

A debit order form must be completed whereby the responsible person for payment of the electricity account will instruct and authorize the Managing Agent to draw against the Bank Account the monthly amount for electricity usage.

(Page 25)

Resident: _____

Section/Door Number: _____

Person responsible for payment of the account:

Name & Surname	
Postal Address	
Physical Address	
Telephone Number	
Cell phone Number	
E-mail	

SIGNATURE

DATE