

SETTLERS RETIREMENT VILLAGE

RESIDENT CONTACT DETAILS

Name of owner:			
Unit No:		Settlers Village X	Settlers Rest
Date of occupation		Owner	Tenant
Date of application:		Telephone:	
e-Mail			

Surname		Full Names	
ID No		Hobbies	
Phone (Landline)		Cell Number	
Doctor		Doctor Phone	

Next of kin not living with you

Name		Relationship	
Phone		Cell Number	

Partner/Spouse

Surname		Full Names	
ID No		Hobbies	
Phone (Landline)		Cell Number	
Doctor		Doctor Phone	

Next of kin not living with partner/spouse

Name		Relationship	
Phone		Cell Number	

How would you like to receive communication/statements/accounts?

Village Post Box:	Yes/No		
Email: Yes/No	Email Address:		
Alternate Postal:			

Vehicle information

Registration No.	Make	Model	Colour
Number of remotes:			

Additional Information we should know

Resident's Signature: _____ Date: _____