



GALESHEWE ASSOCIATION FOR THE CARE OF THE AGED AND DISABLED

**PO BOX 1564
KIMBERLEY
8300**

NPO REGISTRATION NO: 010-965



15942 CHAKA EXTENSION, GALESHEWE, KIMBERLEY, NORTHERN CAPE, SOUTH AFRICA. TELEFAX: 053 871 1113

Please Provide Us With The Following Documents:

- ❖ Certified ID copy
- ❖ Certified ID copy of specified next of kin
- ❖ Certified all Doctors letter
- ❖ Proof of residence
- ❖ Signed Application letter
- ❖ Signed and completed Application Form

After Being Accepted Here Are The Following You Are Required To Do:

- ❖ Agree To Rules and Regulations
- ❖ Agreement of Admission
- ❖ Indemnity Form
- ❖ Sign Debit Order Form
- ❖ Sign Residence Form
- ❖ Next Of Kin View The Old Age

N:B Failure To Submit Support Documents Will Results In Null And Void Of The Application