



# Communicare

## NEXT OF KIN

\*I / We, the undersigned

\*NAME/S : \_\_\_\_\_  
\_\_\_\_\_

ID : \_\_\_\_\_  
ID : \_\_\_\_\_

ADDRESS : \_\_\_\_\_  
\_\_\_\_\_ CODE : \_\_\_\_\_

Tel. Number (H) : \_\_\_\_\_ Work : \_\_\_\_\_ Cell : \_\_\_\_\_

hereby declare that : \_\_\_\_\_  
\*(name/s of parent/s)

\*Is/are my \*parent/s and I undertake to :

- (1) assist and help \*him / her / them in case of sickness or when \*he / she / they are in financial difficulty ;
- (2) have regular contact with \*him /her / them
- (3) help with old age home / frail care applications when my / our parent/s cannot live independently anymore ;
- (4) help clean the flat and assist with the moving of the furniture / belongings if my / our parent/s die or have to move.

Name of Minister of Religion : \_\_\_\_\_

Contact No : \_\_\_\_\_

Name of Doctor : \_\_\_\_\_

Contact No : \_\_\_\_\_

If you have a funeral policy name of company & contact details :

\_\_\_\_\_  
\_\_\_\_\_

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

SIGNATURE 1 : \_\_\_\_\_

SIGNATURE 2 : \_\_\_\_\_

WITNESS 1 : \_\_\_\_\_

WITNESS 2 : \_\_\_\_\_

\*Delete which are not applicable