



**APPLICATION FORM  
FOR ENTRY TO SERENE RESORTS**

**APPLICANT NAME: (Mr./Mrs./Ms.)**.....

**APPLICANT ADDRESS** .....

**APPLICANT CONTACT NUMBER:** Residence ..... Mobile .....

**Registration No:** ..... (for official use only) **Date of Application** ..... / ..... / .....

**TYPE OF STAY**

Trial Period (for two weeks)      Dates Required: ..... / ..... / ..... to ..... / ..... / .....

Short Stay (Less than one year)      Dates Required: ..... / ..... / ..... to ..... / ..... / .....

Long Stay (more than one year)      Dates Required: ..... / ..... / ..... to ..... / ..... / .....

**SELECTED RESIDENTIAL UNIT DETAILS**

Unit Number: .....

**RESIDENT DETAILS – Occupant 1**

Title:  Mr.  Mrs.  Miss.  Other .....

Name with Initials:

Given Name/s:

Last Name:

Preferred Name:

Date of Birth:

Country of Birth:

Nationality:

Preferred Language:

Religion:

Marital Status:       Married  Widowed  Single  Other .....

Home Address:

Home Phone:

Email Address:

Current Location:  
(if different from home address)

Employment      Retired  Working Part-time  Part-time Consultancy

Medical Insurance (if applicable)      Yes / No – if yes, details .....

Preferred Hospital       Private Hospital       Government Hospital

**RESIDENT DETAILS - Occupant 2**

Title:  Mr.  Mrs.  Miss.  Other .....

Name with Initials:

Given Name/s:

Last Name:

Preferred Name:

Date of Birth:

Country of Birth:

Nationality:

Preferred Language:

Religion:

Marital Status:       Married  Widowed  Single  Other .....

Home Address:

Home Phone:



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Email Address:	
Current Location: (if different from home address)	
Employment	Retired <input type="checkbox"/> Working Part-time <input type="checkbox"/> Part-time Consultancy <input type="checkbox"/>
Medical Insurance (if applicable)	Yes / No – if yes, details .....
Preferred Hospital	<input type="checkbox"/> Private Hospital <input type="checkbox"/> Government Hospital

**NOMINATED REPRESENTATIVE DETAILS (GUARDIAN)**

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Other .....		
Name with Initials:		
Given Name/s:		
Last Name:		
Address: (Residence)		
Phone: (Residence)	Mobile:	
Email:		

**Relationship to Resident: (Please tick all that apply)**  
 Spouse  Son  Daughter  Parent  Friend  Brother  Sister  
 Other (Please Specify) .....  
 Emergency Contact  Account Contact

Power of Attorney:  Yes (Effective Date: ..... / ..... / ..... )  No

Decision Making Protocol:  Jointly  Guardian  Second Contact  
 Other (Please Specify) .....

**NOMINATED REPRESENTATIVE DETAILS (SECOND CONTACT)**

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Other .....		
Name with Initials:		
Given Name/s:		
Last Name:		
Address: (Residence)		
Phone: (Residence)	Mobile:	
Email:		

**Relationship to Resident: (Please tick all that apply)**  
 Spouse  Son  Daughter  Parent  Friend  Brother  Sister  
 Other (Please Specify) .....  
 Emergency Contact  Account Contact

Power of Attorney:  Yes (Effective Date: ..... / ..... / ..... )  No

Decision Making Protocol:  Jointly  Guardian  Second Contact  
 Other (Please Specify) .....

*(if you wish to submit details of third contact, please fill and annex seperatly)*



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<b>METHOD OF PAYMENT</b>
Monthly payment will be done by the; <input type="checkbox"/> Applicant <input type="checkbox"/> Guardian <input type="checkbox"/> Other .....
Remarks .....
<i>Note: financial information details should be of the Occupant(s) / Guardian making all the payments to the resort</i>

<b>FINANCIAL INFORMATION</b>		
Pension Details <i>(if applicable)</i>	<input type="checkbox"/> Government Pension Scheme <input type="checkbox"/> Private Pension Scheme	
<b>Income Source</b>	<b>Monthly (Rs.)</b>	<b>Annually (Rs.)</b>
Monthly Salary		
Pension Income		
Interest Income (Fixed Deposits, Savings etc.)		
Dividends		
Rental Income		
Other Income .....		
<b>Estimated Total</b>		
<b>ASSETS</b>	<b>Applicant (Rs.)</b>	<b>Partner (Rs.)</b>
Bank Account Balance – As at ..... / ..... / .....		
Interest Bearing Deposits & Fixed Deposits		
Bonds, Debentures & Shares		
Freehold Property / House		
Business / Real Estate / Farm Property		
Motor Vehicles / other vehicles		
Surrender Value of Life Insurance Policies		
Household Contents & Personal Items		
Any other assets		
<b>Total Value of Assets</b>		
<b>Less Loans to be repaid</b>		
<b>Net Assets</b>		

<b>DOCTOR (S) / SPECIALIST (S)</b>			
<b>Doctor Type:</b> <input type="checkbox"/> GP <input type="checkbox"/> Consultant		<b>Doctor Type:</b> <input type="checkbox"/> GP <input type="checkbox"/> Consultant	
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Mobile:		Mobile:	
Email:		Email:	

<b>DECLARATION</b>
In the event that a place is offered at your choice in Serene Resorts Limited, further personal, medical and background information will be sought to ensure the highest standard of care.
I / We,..... <i>(Full Name(s))</i>



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of.....
(House Number & Street Name) (Town) (City)

sincerely declare that I / we have read and understood the information in this application form and that the answers to all the questions in regard to the financial details of the Occupant / Guardian and other information therein is to the best of my / our belief true and correct in every particular and is in no way false, inaccurate, incomplete, misleading or deceptive. I / we agree, that to allow the accurate determination of financial status of the Occupant / Guardian. I / we will provide further information or proof upon request.

Signature: ..... Date: ..... / ..... / .....
(Occupant 1) / (Occupant 2)

Signature: ..... Date: ..... / ..... / .....
(Guardian)

Note: You are required to pay the Application Fee, if not paid with the expression of interest form.

LIST OF FACILITIES REQUIRED – please note that La Serena will require 06 weeks from signing of the agreement to make the Residential Unit ready for occupancy

- Optional facilities in the Residential Unit;
- Office Room (only applicable for double room units)
- Smart Home System
- Shower Cubicle – Full Shower Cubicle – Half Shower Curtain
Facilities which will be billed monthly;
- Telephone – Local Dialing
- Telephone – IDD
- Internet – SLT (Wi-Fi)
- Cable TV – PEO TV
- Parking facility
- Daily Newspaper
- Other

Any Remarks:.....

I will be needing the above mentioned facilities in my Residential Unit.

Signature: .....
(Occupant 1) / (Occupant 2)