

St Marys (ASC) Ltd

Residency Agreement

Personal Terms for Care Services & Residency

[v1] - 24/04/2023



ST MARY'S
CARE HOMES

Billing Frequency

All fees are payable in advance and the frequency of payment applicable is:

Calendar Monthly

4 Weekly

Residency Agreement

I confirm that I have read and understood the Terms and Conditions of this Residency Agreement including my Personal Terms and have been provided a copy.

I understand I will be personally responsible for ensuring the Weekly Fees are paid.

Or

I am the Attorney/Deputy that holds responsibility for financial affairs and I confirm that I have read and understood the Terms and Conditions of this Residency Agreement including the prevailing Personal Terms and have been provided a copy.

I understand I will be responsible for ensuring the Weekly Fees are paid using the above named party's funds.

Signature:

Date:

Print Name:

Address:

Relationship to Named Party (Where Appropriate)

3rd Party Top Up Agreement

I confirm that I have read and understood the Terms and Conditions of this Residency Agreement and understand that I will be personally responsible for ensuring the 3rd Party Top Up Fees are paid.

Signature:

Date:

Print Name:

Address:

Email:

Telephone:

Home Agreement

Signed on behalf of St Marys (ASC) Ltd.

Signature:

Date:

Print Name:

Position:
