

Contergan Foundation for Handicapped  
Persons  
Von-Gablenz-Str. 2 - 6  
50679 Cologne  
Germany

## Purchase of residential property for owner occupation

in accordance with § 13 Section 3 of the Contergan Foundation Act

I hereby apply for capital financing

a partial amount of my monthly annuity in the amount of.....€  
for the period of

.... years (1 year minimum - 10 years maximum)

Personal details:

Surname: .....

First name: .....

Date of Birth: .....

STC Number .....

Address

Street and house number: .....

Postal code and place: .....

Contact details:

Telephone/Mobile number: .....

Email Address: .....

Please mark / fill in:

Purchase of owner occupied residential property

Real estate property (land)

Location of the property to be purchased:

Street and house number: .....

Postal code and place: .....

Land register reference:

.....

(land register / leasehold land register / apartment register of.....)

.....

(Local Court / Local Court District)

.....

(Registry book)

(Sheet)

(Plot Nr. etc.)

Property: Sole ownership

Share of co-ownership

Please complete:

Costs

.....	€.....
.....	€.....
.....	€.....
.....	€.....
.....	€.....
.....	€.....

**Amount:** €.....

Financing plan

Own capital €.....

Financing amount €.....

.....	€.....
.....	€.....
.....	€.....
.....	€.....
.....	€.....
.....	€.....

**Amount:** €.....

The respective monthly liabilities relevant for financing (interest and repayment of loans taken up or to be taken up, other monthly liabilities) are as follows:

.....€



**Supplement in the case of officially appointed supervision in matters concerning the administration of assets**

**Declaration of the person in charge of administration of assets:**

I hereby submit the above application on behalf of the person in my care

.....  
(Name of the person in care)

I enclose proof of my entitlement to represent the interests of the aforementioned person as an **attachment in the original or as a certified photocopy** (caregiver identity card or comparable).

Contact details of the caregiver:

Name: .....

First name: .....

Address  
Street and house number: .....

Postal code and place: .....

.....  
(Signature of the Caregiver)

....., dated.....  
(Place) (Date)