

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:                                   |

Telephone: +49 221 3673-3673

Contergan Foundation for Handicapped Persons

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Address for visitors:

Postal address:

E-Mail: beratung@contergan.bund.de (General Enquiries)

51103 Cologne, Erna-Scheffler-Str. 3

E-Mail: geschaeftsstelle@contergan.bund.de

50679 Cologne, Von-Gablenz-Str. 2-6 Fax: +49 221 3673-3636

(Personal Enquiries)

DE-Mail: conterganstiftung@contergan-bund.de-mail.de

## 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 final |                      |
| taken up or to be taken up, other monthly liabiliti   | ies) are as follows: |
|   | €                    |

| •       | onthly income or the month   | ly income of my spo  | ouse or registered partner          |
|---------|--|----------------------|-------------------------------------|
| comp    | rises the following:   |                      |                                     |
|         |  |                      | €                                   |
|         |  |                      | €                                   |
|         |  |                      | €                                   |
|         |  |                      | €                                   |
|         |  |                      | €                                   |
|         |  |                      | €                                   |
| The to  | otal monthly income amoun  | ts to                | €                                   |
| l encl  | ose the following docume   | ents or, submit the  | em when they are available:         |
|         | Purchase offer or non-bi   | nding preliminary    |                                     |
|         | contract   |                      |                                     |
|         | Abstract of title  |                      |                                     |
|         |  |                      |                                     |
|         | Verification of income (for instance income statements from the last |                      |                                     |
|         | three months, also for th  | e spouse or life pai | rtner)                              |
| Notifi  | cation:  |                      |                                     |
| An ap   | plication for a lump-sum se  | ttlement is only dec | cided after the assessment is       |
| comp    | eted. Binding contracts to b   | e satisfied by the o | capital settlement are concluded at |
| own r   | sk until the notification of a                                       | pproval is issued.   |                                     |
| I certi | fy that the information pro  | vided in this applic | eation is truthful and complete.    |
| Any c   | hanges are to be notified t  | o the Foundation in  | n good time. I have duly noted      |
| the af  | orementioned statements.   |                      |                                     |
| (Pla    | ce, Date)  | Signature of Applic  | ant)                                |

## 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 ab   | ove application on behalf of the person in my care           |  |  |  |
|  |  |  |  |  |
| (Name of the person i  | n care)  |  |  |  |
| I enclose proof of my e  | entitlement to represent the interests of the aforementioned |  |  |  |
| person as an attachme  | ent in the original or as a certified photocopy (caregiver   |  |  |  |
| identity card or compar  | able).   |  |  |  |
| Contact details of the o   | aregiver:  |  |  |  |
| Name:  |  |  |  |  |
| First name:  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                           |  |  |  |
| Address<br>Street and house numl                                 | oer:   |  |  |  |
| Postal code and place:   |  |  |  |  |
| (Signature of the Caregiv  |  |  |  |  |
| , da (Place)   | ted(Date)  |  |  |  |
| \1 1400 <i>j</i>   | (Dato)   |  |  |  |