



## INSTRUCTION LETTER - REGARDING THE MEMBER'S RESPECTIVE MODULE/WEEK ANNUAL ARRANGEMENTS REGARDING OCCUPATION, UPDATE OF PERSONAL INFORMATION AND PAYMENT INSTRUCTIONS

I / WE, the various persons listed below (hereinafter referred to as "we") confirm that we have carefully perused this document and request the *Managing Agent* to update our information regarding our portfolio as provided herein and furthermore we herewith require the *Managing Agent* to give effect to our instructions as stipulated herein:

1.	<u>PERSON</u>	IAL INFORMATION UPDATE					
1.1	Name(s)	and Surname (or) Company Name:					
1.2	Identity	No(s) (or) Company Reg No:					
1.3	Telepho	ne Number(s): (H) ()		(W) ()			
1.4	Cell pho	ne number(s): 1		2	2		
1.5	Fax Num	umber(s): 1 2.		2			
1.6	E-mail(s)			2			
1.7	Physical	(Residential) Address:					
				Co	de:		
1.8	Postal A	ostal Address: Co			de:		
2.	DETAILS	OF TIMESHARE MODULE(S)/WEEK(S)					
2.1	Resort(s	):	2.3	Unit(s)/Chalet(s):			
2.2	Module(	s)/Week(s):	2.4	Membership No(s):			
3.	OCCUPATION INSTRUCTIONS  Please select the relevant option below you wish to pursue and tick the corresponding box, to enable the managing agent to give effect to your occupation instructions for the year 2019 regarding the relevant timeshare week(s)/module(s).  Please note: All space bank requests must be submitted at least 120 days prior to occupation date.  No instructions can be actioned, unless your full levy account has been paid.  (Tick)						
3.1	3.1.1	We will occupy the timeshare module/week.					
	3.1.2	respective module/week.					
	3.1.2.1	Name(s) and sumame.					
	3.1.2.2	Identity No(s):					
	3.1.2.3	Contact phone No(s):					
2.2	2.2.1	Kindle have an adula (week with VDC Outions					
3.2	3.2.1	Kindly bank our module/week with VRS Options.					
	3.2.2	Kindly bank our module/week with RCI/DAE: (Men	nber n	o:)			
3.3	3.3.1	Kindly place our module/week up for Rental with GoMelo.					
	3.3.2	Kindly place our module/week up for Rental with t this option available).	he Re	sort (If the respective Resort has			





4.	PAYMENT INSTRUCTIONS	Option(s)	Module(s)					
	Please select a payment option below and tick the corresponding box, advising our offices how you	1	/ Wook(s)					
	intend to settle the following year's levies. Kindly also complete the relevant supporting		/ Week(s)					
	documentation and forward same to our offices together with this document.	(Tick)	(Specify)					
4.1	We are going to settle the annual levy by paying it in a once-off payment.							
	(Kindly complete annexure "A")							
4.2	We are going to settle the annual levy by paying it off in instalments via Debit Order.							
	(Kindly complete annexure "A")							
5.	VERIFICATION	•						
	We hereby confirm that we are the registered holders of the timeshare module(s)/week(s) stated above.							
	We confirm that the information contained herein are both true and correct.							
	We hereby authorise the <i>Managing Agent</i> to do the necessary to give effect to our instructions.							
6.	SIGNATURE							
0.	SIGNATURE							
0.	This document is signed at on the day of		_20					
0.								
0.	This document is signed at on the day of							
7.	This document is signed at on the day of  Member(s) 1 2							
	This document is signed at         on the         day of           Member(s)         1.         2.           Spouse/Partner         1.         2.							
	This document is signed at         on the         day of           Member(s)         1.         2.           Spouse/Partner         1.         2.							
	This document is signed at         on the         day of           Member(s)         1.         2.           Spouse/Partner         1.         2.							
7.	This document is signed at on the day of  Member(s)							
7. PLEA	This document is signed at on the day of  Member(s) 1 2  Spouse/Partner 1 2  NOTE:  ASE RETURN FULLY COMPLETED AND SIGNED INSTRUCTION LETTER, ANNEXURE A, IF APPLICABLE, TO							
7. PLEA	This document is signed at on the day of  Member(s)							





## ANNEXURE "A" - DEBIT ORDER AUTHORISATION (LEVIES)

A. Authority Given by (Name of Account Holder):			
Address:			
Bank			Code:
Branch and Code			
Account Number			
Type of Account			
Amount:		ich amount may vary f	rom time to time in accordance
Dete	with the Agreement.		
Date To (Name of Beneficiary): Abbreviated Name as Registered with the Beneficiary's address:	ne Bank: VRS		y and Jollify Main Road,
This signed Authority and Mandate refe order amount may vary from time to time			ne Agreement") and which debi
I/We hereby authorise you to issue and mentioned account at my/our above-ment on condition that the sum of such paymen commencing on//	tioned Bank (or any other Bar at instructions will never exceed and continuing until this Autho	nk or Branch to which land and my/our obligations as prity and Mandate is te	we may transfer my/our account agreed to in the Agreement and rminated by me/us by giving you
The individual payment instructions so aut	horised to be issued must be	issued and delivered as	s follows: monthly.
In the event that the payment day falls automatically be the very next ordinary but		ed South African publi	c holiday, the payment day wil
I/We understand that the withdrawals he South African Banks. I also understand the contain a number, which must be included Agreement. This number must be added to	hat the details of each withdrain the said payment instruction	rawal will be printed on and if provided to me	my Bank statement. Such must e should enable me to identify the
B. Mandate  I/We acknowledge that all payment instrinstructions have been issued by me/us pe		be treated by my/our	above-mentioned Bank as if the
C. Cancellation  I/We agree that although this Authority Agreement. I/We shall not be entitled to a such amounts were legally owing to you.			
<b>D. Assignment</b> I/We acknowledge that this Authority may that third party, but in the absence of such third party.			
Signed at	on this	day of	20
(Signature as used for operating on the	account)	(Assisted By)	
E. Agreement Reference Number			
This Agreement reference/contract number which a copy of the contract was provided		fo	or your membership number,