



## 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.	PERSON	AL 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			2	2			
1.5	Fax Num			2	2			
1.6	E-mail(s)			2	2			
1.7	Physical	(Residential) Address:						
				Coo	de:	<del></del>		
1.8	Postal A	ddress:		Cod	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 2020 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)  Option(s)  / Week(s)							
3.1	3.1.1	We will occupy the timeshare module/week.						
	3.1.2	We authorise the person(s), with further details stipulated below, to occupy the respective module/week.  Name(s) and Surname:						
	3.1.2.2	Identity No(s):						
	3.1.2.3	Contact phone No(s):						
3.2	3.2.1	Kindly bank our module/week with VRS Options.						
	3.2.2	Kindly bank our module/week with RCI/DAE: (Member no:)						
3.3	3.3.1	Kindly place our module/week up for Rental with 0	GoMel	о.				
	3.3.2	Kindly place our module/week up for Rental with t this option available).	he Re	sort (If the respective Resort has				





	PAYMENT INSTRUCTIONS	Option(s)	Module(s)				
	Please select a payment option below and <b>tick the corresponding box</b> , advising our offices how you 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 ab	ove.					
	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						
	This document is signed at on the day of		_20				
	Member(s) 1 2						
	Member(s)       1.       2.         Spouse/Partner       1.       2.						
7.							
7.	Spouse/Partner         1         2						
7.	Spouse/Partner         1         2						
	Spouse/Partner         1						
	Spouse/Partner         1         2						
PLEA	Spouse/Partner         1						





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

<b>A. Authority</b> Given by (Name of Account Holder):									
Address:									
			Code:						
Bank									
Branch and Code									
Account Number									
Type of Account									
Amount:	R, whic	ch amount may vary fi	rom time to time in accordance						
	with the Agreement.								
Date	(//)								
To (Name of Beneficiary): Abbreviated Name as Registered with th Beneficiary's address:	e Bank: VRS	nal Services (Pty) Ltd	y and Jollify Main Road,						
This signed Authority and Mandate reference order amount may vary from time to time			e Agreement") and which debit						
I/We hereby authorise you to issue and mentioned account at my/our above-menti on condition that the sum of such payment commencing on// a notice in writing of not less than 20 ordinal indicated above.	oned Bank (or any other Bank t instructions will never exceed nd continuing until this Author	$\alpha$ or Branch to which $1/\alpha$ my/our obligations as rity 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 auth	norised to be issued must be is	ssued and delivered as	follows: monthly.						
In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.									
I/We understand that the withdrawals her South African Banks. I also understand the contain a number, which must be included Agreement. This number must be added to	nat the details of each withdra in the said payment instructio	awal will be printed on n and if provided to me	my Bank statement. Such must a should enable me to identify the						
<b>B. Mandate</b> I/We acknowledge that all payment instructions have been issued by me/us pe		pe treated by my/our a	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		fc	or your membership number,						