



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		ne Number(s): (H) ()							
1.4	•	one number(s): 1 2							
1.5		mber(s): 2 2							
1.6	E-mail(s)								
1.7	Physical	Physical (Residential) Address:							
1.8	Postal A	Address: Code:							
2.		OF TIMESHARE MODULE(S)/WEEK(S)			ue				
2.1):	2.3	Unit(s)/Chalet(s):					
2.1	1103011(3	,,	2.5						
2.2	Module(s)/Week(s):	2.4	Membership No(s):					
3.	OCCUPA	ATION INSTRUCTIONS			Option(s)	Module(s)			
		elect the relevant option below you wish to pursu				/ Week(s)			
		he managing agent to give effect to your occupation i ant timeshare week(s)/module(s).	nstruc	tions for the year 2021 regarding					
		ote: All space bank requests must be submitted at lea							
		No instructions can be actioned, unless your full	levy a	ccount has been paid.	(Tick)	(Specify)			
3.1	3.1.1	We will occupy the timeshare module/week.							
	3.1.2	1.2 We authorise the person(s), with further details stipulated below, to occupy the							
		respective module/week.							
	3.1.2.1	Name(s) and Surname:							
	3.1.2.2	Identity No(s):							
	3.1.2.3	Contact phone No(s):							
2.2	224								
3.2	3.2.1	1 Kindly bank our module/week with VRS Options.							
	3.2.2	Kindly bank our module/week with RCI/7Across: (Member no:)							
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	ha Ba	ort (If the recognitive Becaut has					
	٥.٥.८	this option available).	ne ne:	sore lif the respective nesort has					
		Specon avanasieji			l				





4.	PAYMENT INSTRUCTIONS	Option(s)	Module(s)						
	Please select a payment option below and <i>tick the corresponding box</i> , advising our offices how you		/ Week(s)						
	intend to settle the following year's levies. Kindly also complete the relevant supporting 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.	<u>SIGNATURE</u>								
	This document is signed at on the day of		_ 20						
	Member(s) 1 2								
	Spouse/Partner 1 2								
7.	NOTE:								
PLEASE RETURN FULLY COMPLETED AND SIGNED INSTRUCTION LETTER, ANNEXURE A, IF APPLICABLE, TO									
EMAIL: propertyadmin@vrs.co.za									
FAX: 012 996 0556									





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:	R, whi	ich amount may vary f	rom time to time in accordance					
Date	(/ /)							
To (Name of Beneficiary): Abbreviated Name as Registered with the Beneficiary's address:	Vacation Recreation Recreation		d ry and Jollify Main Road,					
This signed Authority and Mandate refers to our contract dated// ("the Agreement") and which order amount may vary from time to time in accordance with the Agreement.								
I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above mentioned account at my/our above-mentioned Bank (or any other Bank or Branch to which I/we may transfer my/our account on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on/ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and send by prepaid registered post or delivered to your address a indicated above.								
The individual payment instructions so aut	thorised to be issued must be	issued and delivered a	s follows: monthly.					
In the event that the payment day falls automatically be the very next ordinary but		ed South African publi	ic holiday, the payment day wil					
I/We understand that the withdrawals he South African Banks. I also understand to contain a number, which must be included Agreement. This number must be added to	hat the details of each withdr d in the said payment instruction	rawal will be printed or on and if provided to m	n my Bank statement. Such mus e should enable me to identify the					
B. Mandate We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.								
C. Cancellation I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force. I such amounts were legally owing to you.								
D. Assignment 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		f	or your membership number,					