



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	NAL 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				
1.5	Fax Num			2	2			
1.6	E-mail(s)			2				
1.7	Physical	(Residential) Address:						
				Co	de:			
1.8	Postal A	ddress:		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.	Please s enable t the relev	elect the relevant option below you wish to pursu he managing agent to give effect to your occupation ant timeshare week(s)/module(s). **Ote: All space bank requests must be submitted at le No instructions can be actioned, unless your full	instrud ast 12	tions for the year 2021 regarding 0 days prior to occupation date.	Option(s) (Tick)	Module(s) / Week(s) (Specify)		
3.1	3.1.1							
	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/7Across: (F	Memb	er no:)				
3.3	3.3.1	Kindly place our module/week up for Rental with 0	GoMel	o.				
	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 <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		/ 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.	<u>SIGNATURE</u>							
	This document is signed at on the day of		_20					
	Member(s) 1 2							
	Spouse/Partner 1 2							
7.								
-	NOTE:							
PLEA								
	NOTE:							
EMA	NOTE: ASE RETURN FULLY COMPLETED AND SIGNED INSTRUCTION LETTER, ANNEXURE A, IF APPLICABLE, TO							





ANNEXURE "A" - DEBIT ORDER AUTHORISATION (LEVIES)

A. Authority Given by (Name of Account Holder):									
Address:									
			Code:						
Bank									
Branch and Code									
Account Number									
Type of Account									
Amount:	R, whic	h amount may vary fro	m time to time in accordance						
	with the Agreement.								
Date	(/)								
To (Name of Beneficiary): Abbreviated Name as Registered with th Beneficiary's address:	Vacation Recreational Services (Pty) Ltd ne Bank: VRS Mooikloof Office Park East, Cnr Atterbury and Jollify Main Road, Mooikloof Pretoria								
This signed Authority and Mandate reference order amount may vary from time to time			Agreement") and which debit						
I/We hereby authorise you to issue and mentioned account at my/our above-mention 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	or Branch to which I/wo I my/our obligations as a rity and Mandate is term	e may transfer my/our account) agreed to in the Agreement and ninated by me/us by giving you						
The individual payment instructions so auth	norised to be issued must be is	sued and delivered as f	ollows: 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 hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that the details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.									
B. Mandate I/We acknowledge that all payment instruinstructions have been issued by me/us pe		e treated by my/our at	pove-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.									
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		for	your membership number,						