



**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. PERSONAL INFORMATION UPDATE						
1.1	Name(s) and Surname (or) Company Name: _____ _____					
1.2	Identity No(s) (or) Company Reg No: _____ _____					
1.3	Telephone Number(s): (H) (_____) _____ (W) (_____) _____					
1.4	Cell phone number(s): 1. _____ 2. _____					
1.5	Fax Number(s): 1. _____ 2. _____					
1.6	E-mail(s): 1. _____ 2. _____					
1.7	Physical (Residential) Address: _____ _____ Code: _____					
1.8	Postal Address: _____ Code: _____					
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				Option(s)	Module(s) / Week(s)	
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 2018 regarding the relevant timeshare week(s)/module(s). Please note: All <i>space bank</i> 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)	(Specify)	
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.				
	3.1.2.1	Name(s) and Surname: _____ _____				
	3.1.2.2	Identity No(s): _____ _____				
	3.1.2.3	Contact phone No(s): _____ _____				
3.2	3.2.1	We want to <i>space bank</i> our module/week with RCI, with RCI member no: _____				
	3.2.2	We want to <i>space bank</i> our module/week with DAE, with DAE member no: _____				
3.3	3.3.1	Kindly place our module/week up for Rental with TradeUnipoint.				
	3.3.2	Kindly place our module/week up for Rental with the Resort (If the respective Resort has this option available).				



Mount Amanzi



4.	PAYMENT INSTRUCTIONS	Option(s)	Module(s)
	Please select a payment option below and tick the corresponding box , advising our offices how you 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)	/ Week(s) (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 "B")		
5.	VERIFICATION We hereby confirm that we are the registered holders of the <i>timeshare module(s)/week(s)</i> 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 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 AND ANNEXURE B, IF APPLICABLE, TO EMAIL: propertyadmin@oaks.co.za FAX: 012 996 0556			



**ANNEXURE "A" ONCE-OFF PAYMENT
CREDIT CARD AUTHORISATION FOR PAYMENT OF LEVIES**

I/We hereby authorize Vacation Recreational Services (VRS) (*The Managing Agent*) to debit my Credit Card with the annual levy associated to the respective module(s)/week(s), with further details, regarding the transaction, stipulated below:

1. DETAILS OF TIMESHARE MODULE(S)/WEEK(S)	
1.1 Resort(s): _____ _____	1.3 Unit(s)/Chalet(s): _____ _____
1.2 Module(s)/Week(s): _____ _____	1.4 Membership No(s): _____ _____
2. CREDIT CARD INFORMATION	<i>(Please complete the section below)</i>
2.1 Name as it appears on card:	
2.2 Bank:	
2.3 Card number:	
2.4 Expiry date:	
2.5 Amount:	
2.6 Type of card (<i>Visa/Master/Other</i>)	
2.7 Straight/ Budget	
2.8 CVC/ CVV etc. number:	<i>To ensure that your cardholder data is protected, a representative from our offices will correspond with yourself in due course, when the transaction is being processed, to obtain same.</i>
3. VERIFICATION 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 as stipulated herein.	
4. ACCOUNT HOLDERS SIGNATURE This document is signed at _____ on the _____ day of _____ 20_____ Account Holder: _____	



ANNEXURE "B" - 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 _____, ____ which amount may vary from time to time in accordance with the Agreement.

Date (____ / ____ / ____)

To (Name of Beneficiary): Vacation Recreational Services (Pty) Ltd

Abbreviated Name as Registered with the Bank: VRS

Beneficiary's address: Mooikloof Office Park East, Cnr Atterbury and Jollify Main Road, Mooikloof Pretoria

This signed Authority and Mandate refers to our contract dated ____ / ____ / ____ ("the Agreement") and which debit 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 as indicated above.

The individual payment instructions so authorised to be issued must be issued 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 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 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. If such amounts were legally owing to you.

D. Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this authority and Mandate cannot be assigned to any 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 is: (Member number) _____ for your membership number, which a copy of the contract was provided to yourself on date of sale.