

Request Payment Form

Unique No

Date Of Request

Director Name

Company Director Of

Who Is the creditor

Motivation for such a request

Transfer

Payment Type Requested					
Transfer	Creditors	Cheque	Cash	Direct Debit	Credit Card
Yes					

Vat Indicator

Budget Information					
Bri Expense Code	Vat	Budget Amount	Expense Amount	Expense YTD	Budget Bal YTD
8501003			1 743,22		0,00
					0,00
					0,00
					0,00
					0,00
					0,00
					0,00
			1 743,22		0,00

Remarks On Budget
01/10/2018 ACB 3950315
01/11/2018 ACB 3961807

Bank	CAPITEC BANK
Account Name	WJ VAN WYK
Type of account	SAVINGS
Branch Code	470010
Account Number	1372472574
Referance On payment	LQVC 38498
Email Adress	

Request By

Request By Signature

Directors Signature Aproval

Date Paid

Thank You



Uni-Brokers Resale

Unit 105, Block 6
Lombardy Business Park
Cnr of Cole and Graham Road
Pretoria East
0001

P. O. Box 35580
Menlo Park
0102

Tel: +27 (0) 12 941 8497
Fax: +27 (0) 12 931 0790

Reg No: 2006/144942/23 VAT No: 4730230556

Dear Mr Van Wyk

16 April 2019

RE: Refund on Membership no: **LQVC 38498**

We would like to process your refund which given payments to date amounts to **R 1 743.22** but to do so we need to verify your account and/or credit card numbers, so that we can ensure that the refund is made into the correct account.

Please also note that should any payment made on your account be returned by your bank as unpaid this amount will still be due and owing and you hereby authorize VRS or its nominee to recover same from your bank accounts and or credit card, upon due notification.

If you have paid by credit card, please state the credit card details below.

If you have paid by debit card, please state your bank account details below.

If you have paid by cash or EFT, please state your bank account details below.

I the undersigned hereby authorize VRS or its nominee, to effect payment of the refund amount stated above, into the following account / ~~credit card~~. (Delete- whichever is not applicable.)

Account holder:	W J UAN WYK
Bank:	CAPITEC BANK
Bank branch code:	470010
Type of account:	SAVINGS
Credit card or Bank Account number:	1372472574
Expiry date:	09/23
CVC number:	
Signature:	<i>[Handwritten Signature]</i>
Date:	31/5/2019

We will process the refund once we have received your verified information and if you have any enquiries regarding, please do not hesitate to contact us.

Kind regards,

CAITLIN FORBES

Uni-Brokers Resales

MEMBER TO MEMBER RESALE AND TRANSFER AGREEMENT

In respect of membership portfolio of
QUALITY VACATION CLUB
 (hereinafter referred to as "The Club")

RESALE AND TRANSFER AGREEMENT ENTERED INTO BY AND BETWEEN**1 SELLER / TRANSFEROR DETAILS**

1.1 **WILLEM JACOBUS VA WYK**
 1.2 of **N/A**
 1.3 Membership no **LEN 38498** 1.4 Club **QVC** Rights **40**
 1.5 Tel **(012) 329 3808** 1.6 Cell No **(082) 563 1813**
 1.7 Address **70 VILJOEN**
 1.8 City / Town **RIVIERA** 1.9 Code **0084**
 1.10 Email **HANNAHVW@MWEB.CO.ZA**
 (Hereinafter referred to as "the Seller")

AND**2. PURCHASERS DETAILS**

2.1 Joint purchase Yes No **X** 2.2 Corporate Body Yes **X** No
 2.3 Existing member Yes **X** No 2.4 Member No **QVC 8561**
 2.5 Title **MS** 2.6 Initials **SL**
 2.7 First name(s) **SHARLENE LUCILLE**
 2.8 Surname **OVERMEYER**
 2.9 Spouse / Partners Name(s)
 2.10 Surname
 2.11 How Married:
 2.11.1 ICOP..... 2.11.2 COP..... 2.11.3 other.....
 2.12 Identity Number 2.12.1 **6903290165082** 2.12.2
 2.13 Street Address **18 FREDERICK STREET**
 2.14 Suburb **PARROW VALLEY** 2.15 City / Town **CAPE TOWN**
 2.16 Province **WESTERN CAPE** 2.17 Postal Code **7570**
 2.18 Postal Address
 2.19 City / Town 2.20 Country **SOUTH AFRICA**
 2.21 Postal Code
 2.22 Telephone Home **(021) 931 4060** 2.23 Business **(0)**
 2.24 Cell Phone 1 **(072) 446 7481**
 2.25 CellPhone2 **(0)**
 2.26 E-mail Address (1) **SHARLENE.EXCLUSIVEESTATES1@GMAIL.COM**
 2.27 E-mail Address (2)
 2.28 Company, Closed Corporation or Trust Name **EERSTERIVIER EXCLUSIVE ESTATES**
 2.29 Registration No. **IT/2013/041826**

(Hereinafter referred to as the "Purchaser")

Please initial to confirm agreement

IN: SL

INITIAL HERE

**INITIAL ANY CHANGES ON CONTRACT

3. SALE DETAILS:

- 3.1 No. of "Club Rights" Purchased / Transferred 40 (clause 1.4)
- 3.2 Total Purchase Price R0.00
- 3.3 Deposit R0.00
- 3.4 Balance R0.00
- 3.5 Full balance payable by N/A
- 3.6 Transfer fee R1 198.00
- 3.7 DAE GA fee (3YEAR) R0.00
- 3.8 Collection fees payable on arrears R0.00

INITIAL HERE

- 3.9 Current Annual Management Fee on *Sellers* Club portfolio is R10 459.37 and *outstanding* balance is R10 459.37 for 2019 and Annual Management Fee R19 678.97 on full membership (181) for 2019
- 3.10 Annual Management Fee commencing 2019 payable on; (mark applicable option)
- 3.10.1 On invoice and payable on or before the 31 December 2018 and each year thereafter; or
- 3.10.2 By instalment with first instalment commencing on ___/10/2018 Please note full payment of the then applicable fee is due by the 30 September 2019 and each year thereafter.
- 3.11 The purchaser, if not already a member of the Club, hereby agrees to become a member and to immediately be registered as a member of the Club and to abide by the rules of the Club.

INITIAL HERE

INI = Please initial to confirm agreement

4 PURCHASERS BANKING DETAILS / PAYMENT AUTHORISATION:

- 4.1 Any amounts due in terms of Clause 3 above will be deducted from my bank account as per the attached debit order Authority;
- Change Banking Details as per the attached debit order Authority;
- Use existing Banking Details

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OR

- 4.2 Any amounts due in terms of Clause 3 above will be paid via EFT / direct deposit / cash Date of payment 31 DECEMBER 2018 (monthly/once off);

*(Please tick the applicable option)

INITIAL HERE

INI = Please initial to confirm agreement

5. RESOLUTION IN RESPECT OF A CORPORATE ENTITY:

5.1 EXTRACT OF MINUTES OF MEETING of MEMBER held at BERGVLIET on the 6 day of SEPT 2018.

Resolved That SHARLENE ADAMS in the capacity as a director of the company / member of the Close Corporation or Trustee of the Trust, is hereby authorised to act as duly authorised representative of the Company / Close Corporation or Trust in all matters concerned with the Company's / Close Corporation's or Trusts dealings with The Seller, and/or the Club as set out herein and to enter into written agreements between the Company / Close Corporation or Trust and The Seller and or the Club.

Signed at BERGVLIET on this 6 day of SEPT 2018.

[Signature]
POWER OF ATTORNEY
CHAIRMAN / DIRECTOR / TRUSTEE / MEMBER / SECRETARY

P5.2 PERSONAL LIABILITY: I the undersigned acknowledge and agree that should the authority referred to in Clause 5.1 above, for any reason be found to be invalid or unenforceable then, I in my personal capacity shall be deemed to be the purchaser in terms of this agreement of sale and hereby bind myself as such.

Signature: [Signature]

RESALE / TRANSFER AGREEMENT SIGNED AT BERGVLIET ON THIS 6

DAY OF SEPT 2018

[Signature]
WITNESS:

[Signature]
POWER OF ATTORNEY
TRANSFEROR / SELLER
WILLEM JACOBUS VAN WYK
← SIGN HERE

I acknowledge that I accept the terms and conditions of membership (please tick)

RESALE / TRANSFER AGREEMENT SIGNED AT BERGVLIET ON THIS 6

DAY OF SEPT 2018

[Signature]
WITNESS:

[Signature]
POWER OF ATTORNEY
TRANSFEREE / PURCHASER
← SIGN HERE

SHARLENE LUCILLE OVERMEYER T/A EERSTERIVIER EXCLUSIVE ESTATES

RESALE / TRANSFER AGREEMENT SIGNED AT MOOKLOOF ON THIS 23

DAY OF November 2018

[Signature]
WITNESSES:

[Signature]
THE CLUB

This sale was facilitated by : Re-sale Agency: CAPE ESCAPE
Name of Representative : _____