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POWER OF ATTORNEY TO DEAL WITH TIME-SHARING PORTFOLIO

I / we, the undersigned

Full names and Surname of member: _____
Identity Number: _____ (Please attach Copy Hereto)

And

(In the event of joint membership – otherwise delete)
Full names and Surname of member: _____
Identity Number: _____ (Please attach Copy Hereto)

as member/s in respect of a time-sharing portfolio with (Club) _____ (Membership number) _____ hereby
nominate, constitute and appoint:

Full names and Surnames of the appointed: _____
Identity Number: _____ (Please attach Copy Hereto)

To be my / our true and lawful agent and to execute the following acts with my/our authorisation and on my/our behalf (Please tick appropriate box):

- 1. To make reservations
- 2. To generally enquire about the available benefits on my time-sharing portfolio
- 3. To generally enquire about financial details in respect of my time-sharing portfolio
- 4. To amend my personal information, with exclusion of financial details which can only be amended on my written authority.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

This Power of Attorney shall be valid for a period of 24 months or until revoked by me/us in writing, whichever occurs first.
Please attach a copy of the appointed person's I.D to add to the portfolio.

Signed at _____ on this _____ day of _____ 20__.

Signature of Member

Signature of joint member



Director:
M.A. Forssman

"A Proud member of Uni-Vision"
We walk by faith not by sight!

