Mucikibed Office Further Corner of Attenbury and Jedify Rea Macikie 005

> PO Box 3558 Mento Far Pretori DIC

Tel: +37 (0) 97 805 250 Fax: 437 (0) 12 596 055

Neg No. 3/(Cor144943/23

## MANDATE TO LIST TIMESHARE WEEK

Registered Owner (hereinafter the "Seller")

Registered Owner (hereinafter th	ne "Seller")	
Full Names:	Chris Hoile	
ID number:	7511275247087	
Spouse's name:	Sonia Holle	
ID number:	7301190087085	
Marriage contract:	IN COP ANC	
Address Physical:	Plot 318, Form 504 J.Q, Helepoort, 1790	
Contact number (primary)	062 4777 434	
Contact number (alternative)	083 6089991	
E mail address:	Sorijahalle 19@ amail.com	
Registered Week Details		
Resort name:	Mabalinque	
Account number:		
Week number:	13	
Module	Inque Camp	
Unit no:		
Bedrooms:	3	
Sleeps Maximum:	電 6	
Season:	P3	
Price requested:	R14 200.00	

Balance outstanding on capital:	0-00	
Balance outstanding on levy:	0.00	
balance outstanding on levy:	RS 515.15.	
Though, again, short ship,	ek has/has not been spacebanked	
Thereby certify that the info	share this year (if not yet passed)	
am not a VA! Vendor	for purposes of the sale of the prope	erty
1. I/we, the registered owner/s of	f the week/s listed below do hereby g	grant this mandate to facilitate the sale of
	erms and conditions set out below:	•
	ce on date of receipt by Un-Broker a	nd will continue until I terminate it in
writing.	W 200.00 Fm	too the and trahundred
1.2. The property shall be offere	d for sale at R.14 2000	rteen thousand two hundred
may be changed by agreement	with the Seller from time to time.	
<ol> <li>A listing fee of R380 shall be on-line directly or via EFT.</li> </ol>	e payable to list your week on the Uni	i-Vate Properties (Pty) Ltd website, either
	auccessfully sell my week, I hereby co	rifirm that a commission water of
R will be payable	decessionly sentiny week, Thereby Co.	mini trat a commission rate of
	nable effort to market and perform th	ne mandate by listing the timeshare on its
	keting material to prospective purcha	
3. Special disclosures and confirma		
management of the scheme, lev	y increases or other:	
	on this 33 day of A	
Signed at Youngus	on this 30 day of 1	2019.
0		0
Seller 1		Seller 2
Signed at <u>Fretoria</u>	on this 26 day of C	ugust 2019.
		$\mathcal{I}$

For the Agent



## NOTIFICATION OF PAYMENT

Dear: Caitlin

First National Bank hereby confirms that the following payment instruction has been received:

Date Actioned

Time Actioned

Trace ID

2019/08/26

10:17:08 PPSJDPZF

Payer Details

Payment From Cur/Amount : MRS SONJA HOILE - FNB PRI

ZAR380.00

Payee Details

Recipient/Account no

Name Bank

Branch Code

Reference

..582424

UNI-VATEPROPERTIES T

FIRST NATIONAL BANK

250655

HOILE MABALINGWE

## END OF NOTIFICATION

To authenticate this Payment Notification, please visit the First National Bank website at fnb.co.za, select the "Verify Payments" link and follow the on-screen instructions

Our customer (the payer) has requested First National Bank Limited to send this notification of payment to you. Should you have any queries regarding the contents of this notice, please contact the payer. First National Bank Limited does not guarantee or warrant the accuracy and integrity of the information and data transmitted electronically and we accept no liability whatsoever for any loss, expense, claim or damage, whether direct, indirect or consequential, arising from the transmission of the information and data.

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