

REMITTANCE ADVICE - 2019

FAX NO.: +27 21 853 2752

ATTENTION: Livy Bray
Strand Pavilion Share Block Ltd, P.O. Box 684, Strand 7139

OPTION 1: **Credit Card**

I/We hereby authorise Strand Pavilion Share Block Ltd to deduct

R..... due in lieu of my commitment for payment of levies for **Unit no.**..... **Week no.**.....

CREDIT CARD (Visa, Master, Diners and Amex)

(All blocks to be completed)

(LAST THREE NUMBERS
ON BACK OF CARD)

EXPIRY DATE:

/ /

AMEX
 on front of card

		Budget	Budget
PAYMENT:	In Full:	6 Months:	12 Months:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AUTHORISED SIGNATURE:

Overseas owners need to notify their bank of impending transaction.

OPTION 2: **Cheque / Postal Order**

Herewith Cheque / Postal Order for: R

Please return this form with cheque payments.

OPTION 3: **Internet Payment / Direct Banking**

Deposit Reference: Please put unit and week and surname (eg. 104/05 Smith) as reference.

Bank: **ABSA** - Strand Pavilion Share Block Limited

Account no: 0100 8193 301

Branch code: 632005

International swift code: ABSAZAJJ

BANK ADDRESS: 80 Beach Road Strand 7140

Please fax proof of payment to Fax No: +27 21 853 2752 or email to livy@strandpavilion.co.za.



2019 OWNER'S INSTRUCTION

Unit: _____ Week: _____

Initials and Surname: _____

Email: _____

Postal Address: _____

Residential Address: _____

Code: _____

Code: _____

Telephone Numbers:

Home: _____

Work: _____

Cell Husband: _____

Cell Wife: _____

**ONLY 1 OPTION MAY BE INDICATED. PLEASE INDICATE OPTION BY CROSSING THE RELEVANT BOX.
(NB! LEVY MUST be paid before you occupy, put your unit in the rental pool or bank your week.)**

- A) Will **Occupy** : **Please note: Arrival time Friday 4pm / Departure 11am the following Friday.**
- B) Request that the unit be placed in the **rental pool** and hereby withdraw the option to occupy/bank.
- C) I request my unit to be **banked** with one of the following industry partner's. Only one option may be indicated.

RCI
MEMBERSHIP NO: _____

I-EXCHANGE
MEMBERSHIP NO: _____

FIRST EXCHANGE
MEMBERSHIP NO: _____

DIAL & EXCHANGE
MEMBERSHIP NO: _____

DATES: _____ TO _____

UNIT NO: _____ WEEK NO: _____

MEMBER SIGNATURE: _____ DATE: _____

* Please return no later than 6 weeks before your arrival date per registered post.

P.O. BOX 684, STRAND 7139, FAX: +27 21 853 2752

E-mail: reserve@strandpavilion.co.za