



PROTEA HOTEL KARRIDENE BEACH

Timeshare, Application to Purchase

Please Furnish the Following Information, Using BLOCK LETTERS ONLY
The application can then be Faxed to (031) 9167231

Surname

First Names

Identity Number

Are you a member of Facilities Fund Yes No

Persal Number

Postal Address

Province Telephone Code

Residential Address

Province Telephone Code

Repayment Term (Months) 12 24 36 48 60

Please choose what Requirement you need

FLEXI 2 Bedroom (Out of Season) How many Weeks/Units are required

FLEXI 3 Bedroom (Out of Season) How many Weeks/Units are required

FIXED 2 Bedroom (In Season) How many Weeks/Units are required
Which School Holidays are required Apr Jul Sept Dec

FIXED 3 Bedroom (In Season) How many Weeks/Units are required
Which School Holidays are required Apr Jul Sept Dec

I the undersigned do hereby agree to pay an administration fee, should upon receipt of the original contract, I withdraw my offer to purchase timeshare from Facilities Fund.

Signed (The Applicant) _____

Date Signed

Witness (Name) _____

Date Signed