

Tel: (031) 368 5642

E-mail: selfcat1@goodersons.co.za

2025 BOOKING REQUEST FORM

I, the undersigned, hereby apply to reserve my unit in accordance with Clause 5.3 of the Use Agreement.

N.B: BOOKING REQUEST TO BE MADE AS SOON AS LEVY IS PAID AND BEFORE 30th JUNE 2025

TO AVOID THERE BEING NO AVAILABILITY FOR YOUR HOLIDAY.

POINTS WILL NOT BE GIVEN TO REPLACE WEEKS DUE TO LATE BOOKINGS.

WEEKS WILL NOT BE CARRIED FORWARD TO THE FOLLOWING YEAR

	WEEKS	WILL NOT BE CAL	MILD TORWARD TO THE	TOLLOWING TEA	<u> </u>
			-		
	Unit No:		Name:		
	<u>From</u>	<u>To</u>	Account No		
1st Choice	/ /2025	/ /2025	Cell No		
2nd Choice 3rd Choice	/ /2025	/ /2025	ID Number		
			Address		
E-Mail addres				Postal Cod	
L-iviali addies				Fostal Coc	
Please indica	ate with a X in the boxes	below what you wou	uld like to do with your 2025	week	
I will be utili	sing the above requeste	ed dates/my fixed w	eek		
I will be send	ding a guest for the abo				
Guest Details			Contact No		
	E-Mail Address				
-	ebank my week with the		in the booking block above be organisation	DAE KCI	IEXC
Membership	Number			Nei	
I/We hereby	give SOLE MANDATE to	o Vacation Sales & Re	entals to rent out my 2025 v	week.	
Whilst every	attempt will be made to	o rent out your week,	, there are NO guarantees.		
4.1	Please allocate the ren				
4.2	Please pay the rental r	eceived into the foll	owing bank account		
	Account Name				
	Bank				
	Branch				
	Account No				
The dates you g	give must coincide with the c	ates on the holiday week	ks timetable attached. All levies M	IUST be paid in FULL, and	or any instalments
	must be current, prior to any		rental being considered.		
Booking forms	may be emailed to selfcat1@)goodersons.co.za			
	Signature of Owner				Date