

## **AUTHORITY TO SELL**

NAME Addre	of Seller:s of Seller:
Date o	Authority:
TO: G	den Sphere Realty Network of Brokers
SUBJE	(please choose if exclusive or non-exclusive)
Dear <u>C</u>	lden Sphere Realty Network of Brokers,
I hereb	authorize you to sell our real estate property under the following terms and conditions:
0 0	rty Information and Identification  Kind of Property
Sell wh	tion of Sale - 10% of the purchase price simultaneous to the execution of the Contract to e 90% of the purchase price will be paid upon satisfactory due diligence and execution of d of Absolute Sale.
0	ses of sale  Geller's account  Capital gains tax/ VAT/CWT, whichever is applicable  Broker's commission  Facilitation fees, if any  Buyer's account  Documentary stamp tax  Transfer tax  Registration fees  New Tax Declaration
0	<ul> <li>and all other expenses related to the transfer of Title or Deed of Assignment</li> <li>Notarization of DOAS</li> <li>Broker's commission</li> <li>3% - 5% of the Agreed Amount (please indicate percentage)</li> </ul>







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5. Period of authority - One (1) Year	
6. Mode of Payment - Certified Managers	Checks or Cash
Thank you and keep safe.	
Very truly yours,	CONFORME:
Registered Owner / Broker / SPA	Golden Sphere Authorized Representative on behalf of Golden Sphere's Network of Brokers