

CANCELLING FORM

(Period of notice is one calendar month, if you cancel your lease on the apartment 1-31.3 the lease will expire 30.4)

I/ We cancel the lease on apartment:

Address

I have my husbands/ wives
approval to cancel our
family apartment

Tenant/tenants

Room/apartment
becomes vacant ____/____20__

The key must be returned to VOAS office

Note ! If at the end of your tenancy, you have not returned your keys, you will be charged 50 € for each week that the key is delayed.

Remember to clean up the flat, common areas as well. Possible cleaning bill will be taken out of your deposit

For returning of the deposit we need following information:

IBAN
International Bank Account Number

SWIFT / BIC -code

New contact address

Telephone number and
e-mail addr.

Date ____/____20__

signature

name clarification

Flat can be checked before the tenant has moved out. The housing manager may perform the check between 15th-31st of the Month preceding the move, the tenant will not be informed about the check. Please inform VOAS office if you want to be present.

With this cancelling I give VOAS authorization to hand over my contact information to the next tenant for him/her to see the apartment