

CANCELLING FORM

I / we cancel the lease on apartment

Address

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

Tenant/tenants

Room/apartment
becomes vacant: ____ / ____ 20____

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

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

The key must be returned to VOAS office

For returning of the deposit we need following information :

SWIFT / BIC-code

IBAN

(International Bank Account Number)

New contact address

Email

Date ____ / ____ 20____

Signature

Write your name clearly here

Note ! If the keys are not returned on the day that the contract ends, the tenant has to pay a fine of 50 euro for every week that begins after the contract has ended. The fine is maximum 200 euro.