

# VOAS

VAASAN OPISKELIJA-ASUNTOSÄÄTIÖ  
STIFTELSEN VASA STUDIEBOSTÄDER

## CANCELLATION FORM

The period of giving notice is one calendar month.  
(e.g. if you cancel your lease on the apartment between 1-31.3, the lease will end 30.4.)

I / we will cancel the lease of the following apartment:

Address

Tenant / tenants

Room / apartment  
becomes vacant

\_\_\_\_\_ / \_\_\_\_\_ 20\_\_\_\_

The key(s) must be returned to VOAS office.

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

IBAN

Bank account number

\_\_\_\_\_

For returning the deposit payment

SWIFT / BIC-code

\_\_\_\_\_

Owner of the account

\_\_\_\_\_

Name if not the tenant

Your new contact address

\_\_\_\_\_

\_\_\_\_\_

Zip-code

\_\_\_\_\_

City - country

Telephone number

\_\_\_\_\_

E-mail address

\_\_\_\_\_

I agree that VOAS can give my contact information to the next resident for a possible apartment showing\*.

An apartment condition check might be performed after the cancellation. Checking time during working days between 9-15.

I want to be present if the apartment will be checked.

Date

\_\_\_\_\_ / \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_

Signature

The cancellation form should be returned to VOAS postbox or scanned to [asuntoimisto@voas.fi](mailto:asuntoimisto@voas.fi)

\* Voas has a right to organize a showing of the apartment in case you don't give permission to give your contact information to the next tenant. (AHVL 2:22)