

INFORMATION BEFORE MOVING IN

Welcome to DEAS. We ask you to fill out the form to make sure you don't miss any important information about your apartment or the property.

All your private information is protected and treated confidentially at DEAS under applicable legislation.

YOUR INFORMATION (TENANT 1)

LEASE NUMBER*

(The same as your customer number – You can find your customer number at the top of your rent invoice.)

NAME*

PHONE NUMBER*

E-MAIL*

ADDRESS*

POSTAL CODE*

CITY*

*Required fields

NAME ON THE MAILBOX/DOOR BELL

NAME

SIGNATURE

DATE*

SIGNATURE (TENANT 1)*

YOUR CO-OCCUPANT'S INFORMATION (TENANT 2)

NAME

PHONE NUMBER

E-MAIL

ADDRESS

POSTAL CODE

CITY

ELECTRONIC COMMUNICATION

I/we wish to communicate electronically with DEAS using the above-mentioned email address. Yes No

SIGNATURE

DATE

SIGNATURE (TENANT 2)

HOW TO SEND THE FORM

Fill out the form electronically and then print, sign and send it to info@deas.dk, or mail it to DEAS A/S, Dirch Passers Allé 76, 2000 Frederiksberg.