

TERMINATION AND VACATING THE APARTMENT

If you have terminated your lease in a different manner, the original date remains for your termination. In any case, we ask you to complete the form and return it.

I/WE HEREBY TERMINATE THE LEASE AND BI-LEASE MENTIONED BELOW

The termination is to be received by DEAS no later than by the 1st of the month before office closing hours at 16:00 for the notice period to be calculated from the same date.

INFORMATION ABOUT WHERE YOU LIVE (LEASE)

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

ADDRESS* _____

POSTAL NUMBER* _____ CITY* _____

BI-LEASE NUMBER _____
(If you are also renting a garage, a parking spot or similar, it has its own lease number.)

BI-LEASE NUMBER _____

* Required fields

ANY ADDITIONAL TENANT

NAME* _____
(Complete only if the person concerned has also signed the lease.)

ADDRESS _____

PHONE NUMBER _____

E-MAIL _____
Tenant no. 2 will be signing the termination online via this email address.

NEW ADDRESS _____

POSTAL NUMBER _____ CITY _____

YOUR INFORMATION (TENANT 1)

NAME* _____

ADDRESS* _____

PHONE NUMBER* _____
(We will call you to set up a showing of the apartment.)

E-MAIL* _____

NEW ADDRESS* _____

POSTAL NUMBER* _____ CITY* _____

OTHER INFORMATION

IF YOU WISH TO TERMINATE YOUR APARTMENT WITH
A LONGER NOTICE THAN STATED IN YOUR CONTRACT,
ENTER THE DATE HERE _____

[Date]

THE TENANCY WILL BE VACATED _____

[Date]

THE TENANCY IS WISHED TO BE RE-LEASED FROM _____

[Date]

PLEASE DEPOSIT ANY (POSSIBLE) RETURN PAYMENT INTO ACCOUNT
NO.: REGISTRATION NO.: _____ ACCOUNT NO.: _____



If you have any questions for DEAS, you can find contact information about your property manager on www.deas.dk/contactperson, or you can call [+45] 70 30 20 20.

	YES	NO
I WISH TO SPEND MY PREPAID RENT IN THE TERMINATION PERIOD*		
I WISH TO REFURBISH THE LEASE MYSELF*		
I CONFIRM THAT DEAS CAN CONTACT ME ELECTRONICALLY AND ALSO SUMMON ME TO THE VACATING INSPECTION BY E-MAIL*		

* Required fields

SIGNATURE (TENANT 1)

NAME* _____

DATE* _____

SIGNATURE* _____

SIGNATURE (TENANT 2)

NAME _____

DATE _____

SIGNATURE _____

HOW TO SEND THE TERMINATION

Fill in 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.