

# TERMINATION OF COMMERCIAL LEASE

We recommend that you use this form when terminating your commercial lease. That way you are sure to provide your property manager the necessary information. If you have terminated your commercial lease in a different manner, the original date remains for your termination. We ask you to fill out this form anyways and return it when vacating the lease. If you have any questions for DEAS, you can find contact information about your administrator on [www.deas.dk/contactperson](http://www.deas.dk/contactperson), or you can call (+45) 70 30 20 20.

## WE HEREBY TERMINATE THE COMMERCIAL 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 THE LEASE AND TENANT

\_\_\_\_\_

TENANCY NUMBER\* \_\_\_\_\_

COMPANY NAME\* \_\_\_\_\_

ADDRESS\* \_\_\_\_\_  
(The address of the commercial lease)

POSTAL CODE\* \_\_\_\_\_ CITY \_\_\_\_\_  
(Postal code of the commercial lease) (City of the commercial lease)

PHONE NUMBER\* \_\_\_\_\_

E-MAIL\* \_\_\_\_\_

\*Required fields

### NEW ADDRESS

\_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ CITY \_\_\_\_\_

### AUTHORISED SIGNATORY 1

\_\_\_\_\_

NAME\* \_\_\_\_\_

DATE\* \_\_\_\_\_

SIGNATURE\* \_\_\_\_\_

### HOW TO SEND THE FORM

\_\_\_\_\_

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

We ask you to either attach, or subsequently send, a corporate report that confirms the eligibility of the authorised signatory.

### CONTACT PERSON

In connection with vacating the premise, an agreement can be made about delivering keys, maintenance, showings etc. with

\_\_\_\_\_

NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

### OTHER INFORMATION

\_\_\_\_\_

THE COMMERCIAL LEASE IS TO BE RE-RENTED FROM \_\_\_\_\_

PLEASE INSERT AN ACCOUNT NO. FOR RETURN PAYMENT, IF ANY:  
REGISTRATION NO.: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

### AUTHORISED SIGNATORY 2

\_\_\_\_\_

NAME \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

