

LESSOR

| | |
|---------------------------|--|
| (Filled in by the agency) | (Filled in by the agency) Cost pool |
|---------------------------|--|

APARTMENT FOR WHICH THE TENANCY IS TERMINATED

| | | |
|----------------|------------|------------------|
| Address | | Apartment number |
| Apartment type | Floor area | Floor |

TENANT(S)

| | | |
|------|--------------------------------|------------------|
| Name | Personal identification number | Telephone number |
| Name | Personal identification number | Telephone number |

NOTICE The aforementioned tenancy will be terminated:

| | |
|---------------------|--|
| Date of termination | The lease will be terminated on the last day of the calendar month. The term of notice is at least one month. The period of notice shall begin from the last day of the calendar month in which the representative of the lessor received the notice of termination. If, for example, the apartment is terminated on 21 July, the period of notice and the rental liability will end on 31 August. The notice shall be submitted in a verifiable manner. |
| Date of moving out | |

NEW ADDRESS (MOVING TO)

| | | |
|-------------|----------|--------------|
| New address | Postcode | Municipality |
|-------------|----------|--------------|

TRANSFER OF LEASE

The Transfer of lease section is only ticked when the intention is to transfer the lease to a spouse, the family's child or the parent of either spouse living in the apartment

| | | |
|--|----------------|---------------|
| Transfer of lease <input type="checkbox"/> | Transferred to | Starting date |
| Other comments (e.g. if the tenancy is only terminated for another tenant) | | |

(Filled in by the resident)

REASON FOR TERMINATION Primary reason for termination (tick the most important factor resulting in termination).

| | |
|---|--|
| <input type="checkbox"/> Apartment location | <input type="checkbox"/> Moving to another locality |
| <input type="checkbox"/> Apartment size | <input type="checkbox"/> Restlessness |
| <input type="checkbox"/> Condition or equipment of the apartment | <input type="checkbox"/> Quality of the service I received |
| <input type="checkbox"/> Apartment price | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Initially intended as temporary solution | <input type="checkbox"/> I do not wish to say |

NOTICE PERIOD An inspection will be carried out in the apartment during the notice period.

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| <input type="checkbox"/> There are pets in the apartment. More information about the animals: |
| <input type="checkbox"/> I am prepared to show the apartment to potential new residents myself if necessary. |
| <input type="checkbox"/> I give the lessor my permission to take photographs of the apartment and use them in the marketing of the apartment. |
| <input type="checkbox"/> I give the lessor my permission to use photographs that I have taken and texts that I have written in the marketing of the apartment. |
| <input type="checkbox"/> My telephone number can be given to the new resident if necessary—for example to arrange the handing over of keys. |

RETURNING THE DEPOSIT The security deposit should be returned to the account:

| | |
|---------|---------------|
| Account | Account owner |
|---------|---------------|

SIGNATURES

| | |
|-------|-----------|
| Place | Tenant(s) |
| Date | |

RECEPTION OF NOTICE OF TERMINATION I have received this notice of termination today.

| | |
|-------|--------------|
| Place | on behalf of |
| Date | |