

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

* 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)