

FORM 8

NOTICE BY TENANT OF TERMINATION

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|--|-----------|
| | Date: / / |
| PROPERTY ADDRESS: | |
| | |
| LESSEE NAME: | |
| | |
| REASON FOR VACATING THE PROPERTY: | |
| | |
| AS PER OUR LEASE AGREEMENT I/WE (name/s): | |
| | |
| HEREBY GIVE YOU NOTICE THAT I/WE INTEND TO DELIVER UP VACANT POSSESSION OF THE PROPERTY BY THE: | |
| _____ day of _____ 20_____ | |
| OUR LEASE AGREEMENT HAS ALREADY EXPIRED / WILL EXPIRE ON: | |
| _____ day of _____ 20_____ | |

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| ACKNOWLEDGEMENTS |
| <p>We are aware that we are required to give a minimum of 30 days' notice to terminate as per the lease and rent will be charged until the end of the notice period. We are also aware that this notice does not take effect until received by the managing agent and signed by all tenants.</p> <p>We are aware that rent will be charged up to and including the day we return all keys and remotes (including any duplicates) to the office (keys must be returned to our office before 5:00pm on the day of the above vacating date or you will incur additional rent at a daily rate).</p> <p style="text-align: center;">We will have the property clean and tidy as per the "make good" requirements of the lease.</p> |

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|-----------------------------|------------|
| SIGNATURE OF LESSEE: | |
| Signature: | Date: / / |
| Name: | |
| Forwarding Address: | |
| Daytime Contact No: | Mobile No: |

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|----------------------------|
| FOR OFFICE USE ONLY |
| Date Received: / / |