

REMOVAL OF RESIDENT FROM LEASE

Property: _____

CONTINUING TENANT

I/We _____ confirm that I/We agree to have the removal of _____ of the current lease which is due to expire on _____.

I/We accept and acknowledge that I/We am/are solely responsible for payment of rent together with full responsibility of care of the property.

Signature

Date

Signature

Date

OUTGOING TENANT

I/We _____ confirm that I/We will be/have vacating/left the above property on _____ and agree to be taken of the lease. I acknowledge that I have no rights or claims to entry of this property.

Signature

Date

Signature

Date