



RESIDENTIAL – AMENDMENT TO THE VACATE NOTICE

This document must be completed and signed by the legal contractual tenant, where the tenant wishes to amend their previously notified vacate date and the completed form must be submitted to the customer service agent situated at our offices within your area, be it either Hatfield, Johannesburg, Kempton Park or Pretoria. A certified copy of the contractual tenants' ID/passport must be attached.

I,, ID/passport number

I,, ID/passport number

would like to amend my previous notice to vacate the under mentioned flat/unit as follows:

Lease expiry date:

Autorenew start date:

Original vacate date:

Amend my vacate date to:

Tenant code:

Building name:

Unit number:

Amend parking: Yes No N/A

Reason for the amendment:

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If this unit has already been let to another tenant subsequent to your previous notice, the Landlord or its duly authorised appointed agent, City Property Administration, can unfortunately not amend your vacate date and you will be required to vacate the flat/unit by the original vacate date. Alternative accommodation can be provided at a different building/unit should this be available.

1. The terms and conditions of the lease agreement shall remain binding between the parties, and the rental and charges payable in terms of the lease agreement shall continue to be payable, in terms of the lease agreement, until the amended vacate date.
2. The account must be settled in full before any amendments will be processed.
3. All costs of relocation will be for the tenant's account and subject to a lease agreement being concluded with the tenant.

Dated at on this day of 20

Tenant signature: Contact number:

Tenant signature: Contact number:

.....
Customer service manager

Approved

Not approved

Date:

Customer service consultant check list	Yes	No
Legal tenant verified?		
Is tenant black listed?		
Account balance DT/CR	R	
Vacate list checked by booking system administrator?		
MDA notes checked and updated?		
Completed by: (customer service consultant - stamp) Date:		
Credit control manager's approval		
Name:		
Sign:		
Date:		