

NOTICE TO VACATE PREMISES

Details of Premises

Complex Name (if applicable):	Unit No.:
Address:	Area:

Vacating Details:

Date premises will be vacated:
Primary reason for vacating:

Details of Leaseholder/s:

Leaseholder 1	Leaseholder 2
Full Name & Surname:	Full Name & Surname:
Identity No:	Identity No.:
Contact Nos.:	Contact Nos.:

Bank Account Details for Deposit Refund (Account Holder):

I hereby give Communicare permission to refund the deposit held into the following bank account:

Full Name & Surname:	
Identity No:	
Bank:	Branch Code:
Account Number:	Account Type:
Contact No:	Signature:

Bank Statement or Letter from Bank is attached for verification purposes.

Signature Leaseholder 1: _____	Date:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Signature Leaseholder 2: _____	Date:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

In the event that the tenant is deceased, the following documents must accompany this Notice to Vacate form: Death Certificate; Copy of the Will or Executorship Letter from the Cape High Court. Please tick for confirmation that all documents requested above are attached: <input type="checkbox"/>	
Date:	Executor's Signature: _____