

Application for subletting



Reserved for AKU-Aalborg Dokumentation for uddannelse Dokumentation for grundlag Kontrakt OK

Lejemål nr.

1. Tenant(s)

Dormitory				
Name (tenant 1)		Name (tenant 2)		
Address		E-mail		
Postalcode	city	Phonenumber		
I/we apply for subletting because of		<input type="checkbox"/> Studies abroad	<input type="checkbox"/> Military service	<input type="checkbox"/> Illness
		<input type="checkbox"/> Internship	<input type="checkbox"/> family-illness	<input type="checkbox"/> Different matters

2. Contact person in the subletting-period (HAVE TO BE FILLED OUT)

Name	c/o name	
Address	E-mail	
Postalcode	city	Phonenumber

3. Subtenant(s)

Name	Name		
Address	Address		
Postalcode	city	Postalcode	city
Country	Country		
Phonenumber	Phonenumber		
Birthday (dd.mm.yyyy)	Birthday (dd.mm.yyyy)		
E-mail			
Do you have an application at AKU-Aalborg at the present moment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

4. Subletting period

I/we want to sublet my/our accommodation from (dd.mm.yyyy)		until	
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5. Signature

I/we apply for subletting of my/our accommodation in the above-mentioned period. At the same time I/we authorize the contact person to deal with all necessary arrangements concerning my/our lease in the sublette period.

Date

Signature (tenant 1)

Signature (tenant 2)