

TERMINATION

Studentenwerk Schleswig-Holstein Wohnheimverwaltung Westring 385 24118 Kiel

Name:		First name:
Hall of residence:		Room no.:
Telephone:		Email:
I hereby terminate	e my place in the hall of	residence effective as of:
My NEW address is (always	ays complete!):	
	ferent person by the date spec	ore ask whether there is an opportunity of allocating the room cified above or thereafter. I would also agree to a part-time
a fee of € 35.00 for the reproperty. If a correspon offset by Studentenwerk	esulting administrative effort. T ding proof of payment cannot Schleswig-Holstein against the	ion 7 of the general tenancy terms and conditions) I must pay This administrative fee is due prior to handing back the rental be submitted at the time of the tenant moving out, it will be rent deposit paid by the tenant. The with rent payments until the earliest possible date of timely
Date	Signature (by hand)	