

## **Request Form for Termination of Lease Registration**

Iname and			
holder of identity card number			
lessor/lessors of the property addres		-	
, 			
	Citta Surricine	-	
lare the following:			
The lease agreement entered into be	tween me as a lea	ssor, and the	aforementioned
lessee/s concerns a private resident	-		
lease durationw			
commenced on//	and ends on/	//	<b>_</b> ·
The lessee/s left the leased property			
of months from the date		nt, without no	otifying me with
the intent to withdraw from the lease	agreement.		
I confirm that the lessee/s acted in brof Malta.	each of Article 1	1 of Chapter	604 of the Laws
Currently I do not know or have a residing.	ny information	as to where	the lessee/s are
Since I require the lessee/s signatured declaring that it is impossible for methe lessee/s.			•
For the aforementioned reasons, I an Authority to terminate the aforement with in the control of	entioned lease re	_	-
I hereby accept and understand the responsibility regarding this terms responsibility for this request to terms written consent which I confirm to be	ination request, inate the lease reg	and I am	assuming full



wrongful termination of a lease agreement and that the present request for the
termination of the lease registration shall not prejudice any rights or remedies
available to the lessee under civil or criminal law.
Signature
(Name, Surname, Identity card number)

I hereby declare that I understand the lessor's contractual liability in case of a

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