

**All persons listed on your property's lease agreement with Defence Housing Australia (DHA) must sign this form. Please take care to complete all applicable fields and attach any required documents.**

Collection, storage and use or disclosure of personal information is subject to the Australian Privacy Principles set out in Schedule 1 of the *Privacy Act 1988* (Cth). Defence Housing Australia (DHA) will collect and use or disclose the information for the following purposes:

- To contact you in response to an enquiry by you about our products or services.
- To perform our business activities and functions and to provide the best possible quality of customer service.
- To provide you with access to Online Services and any protected areas of our website.
- To assess the performance of the website and to improve its operation.
- For planning, product or service development, marketing, quality control or research purposes.
- To provide your personal information to the relevant owners corporations, contractors or service providers for the performance and administration of our business operations.
- To respond to any communications from you.
- To comply with applicable laws or rules, such as the *Privacy Act*, *Defence Housing Australia Act 1987* (Cth) and the *Public Governance, Performance and Accountability Act 2013* (Cth).
- With your permission, DHA will provide relevant information to your nominated representative.

## Section 1 – Property details

<b>Provide the property details.</b>	Property ID (if known)	<input type="text"/>	
	Address	<input type="text"/>	
		Suburb <input type="text"/>	
		State <input type="text"/>	Postcode <input type="text"/>

## Section 2 – Company details (if applicable)

<b>If the property is owned or managed by a company, please confirm their details.</b>	Company name	<input type="text"/>		
		ABN <input type="text"/>	ACN <input type="text"/>	
	Position	<input type="text"/>		

## Section 3 – Lessor details

Title	<input type="text"/>	Lessor ID (if existing lessor and known)	<input type="text"/>
Given name	<input type="text"/>	Middle initial	<input type="text"/>
Family name	<input type="text"/>		
Physical address	<input type="text"/>		
	Suburb <input type="text"/>		
	State <input type="text"/>	Postcode <input type="text"/>	
Phone numbers	Work ( ) <input type="text"/>	Home ( ) <input type="text"/>	
	Mobile <input type="text"/>		
Email	<input type="text"/>		

## Section 4 – Other lessor details (if applicable)

If more than one person is listed on your DHA Lease Agreement, please confirm each of their details.

**Note:** If there are more than four (4) persons named on your DHA Lease Agreement, please copy this page before completing the details and attach it to this form.

### LESSOR 2

Title	<input type="text"/>	Lessor ID (if applicable and known)	<input type="text"/>
Given name	<input type="text"/>	Middle initial	<input type="text"/>
Family name	<input type="text"/>		
Phone numbers	Work ( ) <input type="text"/>	Home ( ) <input type="text"/>	
	Mobile <input type="text"/>		
Email	<input type="text"/>		

### LESSOR 3

Title	<input type="text"/>	Lessor ID (if applicable and known)	<input type="text"/>
Given name	<input type="text"/>	Middle initial	<input type="text"/>
Family name	<input type="text"/>		
Phone numbers	Work ( ) <input type="text"/>	Home ( ) <input type="text"/>	
	Mobile <input type="text"/>		
Email	<input type="text"/>		

### LESSOR 4

Title	<input type="text"/>	Lessor ID (if applicable and known)	<input type="text"/>
Given name	<input type="text"/>	Middle initial	<input type="text"/>
Family name	<input type="text"/>		
Phone numbers	Work ( ) <input type="text"/>	Home ( ) <input type="text"/>	
	Mobile <input type="text"/>		
Email	<input type="text"/>		

## Section 5 – Reason for surrender

Select all that apply

Financial hardship

Medical hardship

Other (e.g. legal advice)  Reason

Desired date for lease surrender

## Section 6 – Supporting documentation

Provide supporting documentation to support your lease surrender request (e.g. Financial documentation, legal advice and/or medical statements and certificates.)

## Section 7 – Signatories

By signing this form, I/we confirm that the information on this form is true and correct.


I/We acknowledge that our request to surrender the lease is supported by all owners or nominated signatories.

I/We acknowledge this form does not constitute an approval to surrender the lease.

**Note:** All owners or nominated signatories for the DHA leased property must sign this form.

**LESSOR 1**

**Signature**




Printed name

Date

| | |

**LESSOR 2**

**Signature**



Printed name

Date

| | |

**LESSOR 3**

**Signature**



Printed name

Date

| | |

**LESSOR 4**

**Signature**



Printed name

Date

| | |

**Thank you for completing this form.**

**Please return it and any required documents to your Leasing Contracts Manager.**

If you are having difficulties completing this form, please update your version of Adobe Reader.

<http://www.adobe.com/au/downloads/updates.html>