



MEMORANDUM OF VARIATION TO EXISTING RESIDENTIAL TENANCY AGREEMENT

NAME CHANGE ON LEASE REQUEST:

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(Fax back to: 8983 4243, Email: admin@empm.com.au or hand in at Shop 8/452 Stuart Highway, COOLALINGA NT 0839)

Current Tenant/s full name/s: \_\_\_\_\_

Property: \_\_\_\_\_

Lease Start date: \_\_\_\_\_ Expires: \_\_\_\_\_

Rent: \$\_\_\_\_\_per week – fortnight – month Bond held: \$

Postal address:

ADDITIONAL NAME / REMOVAL OF NAME- TO ORIGINAL LEASE - (Please circle applicable)

I/we the tenant/s at the above property request permission from the Owner for the following changes to the existing Lease:

Occupant/s name- Add / Remove
Tenant/s name- Add / Remove (application to be submitted if adding a new Tenant)

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I/we acknowledge that the Owner has the right to refuse this request.

\*please provide a contact number for any new occupants and any new Tenants are to complete a TICA application form + provide 100 points of identification.

Tenant/s:

I/we also confirm the security deposit held in trust by Elaine Mills Property Management to be disbursed in the following name(s) at the end of this lease; pending any outstanding issues at the final inspection.

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I/we acknowledge that the above person/s having their name(s) added /removed from the existing lease on the above premises accept full responsibility/relinquish responsibility for the property condition report and terms of the existing lease.

1. Name:..... Signature:..... 2. Name:..... Signature:.....
3. Name:..... Signature:..... 4. Name:..... Signature:.....

Agent signature:..... Date:.....

(This change in Tenants / Occupants names to the Residential Tenancy Agreement is not valid

until an Agent has signed on behalf of the Owner/s: \_\_\_\_\_)

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