

LEASING INFORMATION (Please complete the following information (fax nr 041 583-3458).

1. PROPERTY: _____

2. LESSOR(s): _____

C _____ FAX _____

3. PERIOD: 3/6/12/months etc. _____ FIRST REFUSAL: Yes / No

4. RENTAL: R _____ (inclusive of commission), and such minimum other rental as the Lessor will accept: R _____ (inclusive of commission).

5. DEFECTS OWNER IS AWARE OF:

- i _____
- ii _____
- iii _____
- iv _____
- v _____

6. CURRENT MANAGING AGENT: _____ Tel Nr. _____

7. CURRENT TENANT: _____

W _____ FAX _____

H _____ C _____

8. Appointment for viewing: Mark with X (when NOT suitable)

	MON	TUES	WED	THURS	FRI	SAT	SUN	
MORNING								House keeper:
AFTERNOON								Cleaning Service:
EVENING								Arrangement for keys:.....
								Security:

9. REQUESTS: i
 ii

10. OTHER:

