

Application for authorization to sublet

I would like t	o sublet my room in the period from	m	to
Tenant			
Name:			
First name:			
Address:			
Phone numb	er:		
As the main tenant, I am liable with my deposit for any damage caused by the subtenant.			
Address duri	ng my absence:		
Subtenant			
Subtenant			
Name:			
First name: _			
Apprenticesh	nip (with certificate):		
Address of th	ne parents:		
Phone numb	er: E-	-Mail:	
The subtenant must complete a registration form and pay the registration fee of CHF 70. WoVe permits subletting for a limited period of max. ½ year! WoVe is not liable for the agreements between tenant & subtenant. The tenant remains liable for all obligations to WoVe until the end of the subletting agreement.			
Basel,			
Tenant	Subtenan	t	approved for WoVe

Opening hours: Tuesday 11.00 - 14.00

Thursday 15.00 – 17.00

Friday 13.00 - 15.00