



AGRICULTURAL SOCIETY OF KENYA

TENANCY CLEARANCE FORM

NOTE: ALL TENANTS MUST CLEAR OUTSTANDING RENT ARREARS AND UTILITY PAYMENTS (ELECTRICITY) BEFORE A GATE PASS CAN BE ISSUED.
The completed form should be returned to us at least one month to the date entered in Part B item 2 of this form

PART A: DETAILS OF TENANT

Name.....

Country of Origin.....

Contact person 1.....Designation.....

Contact person 1.....Designation.....

Physical Address.....

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Postal Address.....Code.....City.....

Telephone (Mobile No)

Fixed Line (Telephone).....

Email Address.....

Website Address.....

PART B: DETAILS TERMINATION OF LEASE

1. I/We apply to terminate the following lease (Please Tick as appropriate)
 - Short term tenancy lease (1 to 3 months)
 - Main Tenancy (beyond 3 months)
2. I/We wish to release the facilities from (date) _____
3. I/We have no (Please Tick as appropriate)
 - No outstanding fees
 - Outstanding repairs of damages in the premises

Comments

Date Signature.....

FOR OFFICIAL USE ONLY

Verification of Premises and clearance by SGM

Approved Not Approved:

Special conditions (if any).....

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Signed by Name:.....Sign..... Date.....

Confirmation of No outstanding Charges: To be filled by Branch accountant:

Invoice Number..... Amount PaidReceipt No.....

Granted/refused.....

Signed By: Name.....Signed..... Date.....

Approved by: The Branch Manager

Name:.....Sign Date