

Declaration of Consent & Power of Attorney

Studierendenwerk Münster

Studentisches Wohnen

Bismarckallee 5

48151 Münster

Applicant:

Last name / first name:		
Street:	Shared flat no.:	
Postal code / Place:		
Mobile / Phone:		
Email:		

Change of tenant on _____

Dear Sir or Madam,

all the named tenants agree that Mr. / Ms. _____

shall move into the above-mentioned shared flat.

I / We authorize Mr. / Ms. _____

to provide all the signatures required for the tenancy agreement.

Fellow tenants:

Last name	First name	Date	Signature

Yours sincerely,

Attention: This copy is only for your understanding. The document is only legally valid in German.
(Official language)