



Cancellation or Transfer FORM

Postal Address
PO Box 1167
Whangarei NZ 0140

Landlord Preferred Policy

Phone (09) 438 0650
Fax (09) 438 0651
info@rlinz.co.nz

FAX (09) 438 0651

Name of your Approved Property Management office

From

Date

 / /

(Property Manager's Name)

| Landlord Surname | Property Address being cancelled or transferred | REASON (must select one) | | | | | | Date of cancellation /transfer |
|------------------|---|-----------------------------|--------------------|----------------------------|---------------------------|------|-----------|--------------------------------|
| | | *New company managing | Owner now managing | Unapproved PM now managing | Landlord Returned to live | SOLD | No Reason | |
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*** Please Note:** If management of the property has been moved to another REAL Approved Property Management Company, the policy is transferred with the property and a refund will not be processed.

New PM Company is: _____

Our company understands that the premium refund (if any) will be direct credited to the company nominated bank account : _____