

Founded: 1930 Registered: 1934 Registration No: 229

### **Sunrise Hall Lease Agreement**

The MAURITIUS ARYA RAVI VED PRACHARINI SABHA (MARVPS) hereby agrees to rent the		
Premises situated at Coastal Road Belle Mare to the (Tenant)		
bearing National Identity Number on this/these		
date/s		
1. RENT:		
The Tenant agrees to pay the MAURITIUS ARYA RAVI VED PRACHARINI SABHA an amount of		
Rs per day.		
The total amount is Rs and the tenant agrees to pay Rs		
as advance for the rent and will pay the remaining amount on or		
before the		
2. SECURITY DEPOSIT:		
The Tenant shall deposit an amount of Rs 5000 to be held by the MAURITIUS ARYA RAVI VED		
PRACHARINI SABHA as security deposit. This deposit shall be refunded to the Tenant upon		
termination of this Lease after deducting for any of the following:		
<ul> <li>loss or damage to the Premises or its furnishings,</li> </ul>		
any required cleaning of the Premises and		
for any other reason allowed by law.		
In case of damages exceeding the sum deposited the tenant will have to bear the additional		
cost within a week.		
3. USE OF PREMISES:		
The <b>Tenant</b> shall use the Premises for		
and may not use it for any other purpose with the consent of the MAURITIUS ARYA RAVI		



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**VED PRACHARINI SABHA**. The Tenant may not sublet this Premises or assign this lease to any other persons without the written consent of the **MAURITIUS ARYA RAVI VED PRACHARINI SABHA**.

### 4. CONDITION OF PREMISES:

The Tenant is to give the MAURITIUS ARYA RAVI VED PRACHARINI SABHA a written notice of defects in the Premises on the day of possession. If no such notice is given, the Tenant accepts that the Premises, its furnishing and appliances are in good order and condition.

### 5. UTILITIES AND SERVICES:

The MAURITIUS ARYA RAVI VED PRACHARINI SABHA agrees to pay for the following services if it is checked below:

Electricity		
Water		
Others:		
The Tenant agrees t	to pay for all other utility charges and fees for the <mark>Premises d</mark> uring t	he
term of the lease		

### 6. PETS:

No pets, dogs, cats or animals of any kind shall be allowed in the Premises.

### 7. RIGHT TO ENTER:

The MAURITIUS ARYA RAVI VED PRACHARINI SABHA shall have the right to enter the Premises at reasonable hours to inspect the Premises, make repairs or to show it to prospective purchasers, tenants or agents.

The MAURITIUS ARYA RAVI VED PRACHARINI SABHA shall inform the Tenant of his/her intention to enter the Premises at least 2 hours in advance. In the case of emergency or abandonment, the Landlord may enter the Premises at any time without notice.



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### **8. REPAIRS AND MAINTENANCE:**

Tenant shall be responsible for any repair costs incurred due to abuse or negligent acts by the Tenant, his/her occupants, guests or pets.

16. ADDITIONAL TERMS AND CONDITIONS:			
		11.1 .	
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	AVI VED PRACHARINI SABHA:		
	21T-41	Contact Number:	
Tenant Signature:		Date:	
Tenant Address:	<u> </u>		
Contact Number:			



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# Condition of Rental Property Checklist

Instructions: Tenant(s) complete(s) this checklist on the day of possession and completes the checklist together and mutually agree on the condition of the property upon move-in by signing this form. Each party keeps a copy of signed checklist. Tenant(s) and MAURITIUS ARYA RAVI VED PRACHARINI SABHA uses the move-in checklist during the pre-move out inspection and again when determining if any of the tenant's deposit will be retained for cleaning or repairs after move-out. BE SPECIFIC and DETAILED when filling out the checklist.

ITEM	CONDITION ON ARRIVAL	CONDITION ON DEPARTURE
Hall	AMH/////	/ .
Floor & Floor Covering	June 1//	1/
Walls & Ceiling	~	///
Door(s)	1	//
Door Lock(s) & Hardware		-
Lighting Fixture(s)	_	
Window(s) and Anti-vol (Burglar	#2 TT	
Proof)	412H	
Fireplace	44 / 7	
Fans	-	
Electrical sockets		
Bedroom	A	11-
Floor & Floor Covering(s)		111
Walls & Ceiling	Marian Committee	1
Window(s) & anti-vol (Burglar Proof)	///////////////////////////////////////	
Bed and Mattress	7111111	N. Committee
Pillow, Sheet and Blanket		
Wardrobe		
Furniture and		
Mirror		
Door lock(s)		



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Bathroom		
Floors & Floor Covering(s)		
Walls & Ceilings		
Window(s) & Screen(s)		
Sink & Plumbing	h 1	
Bathtub/Shower		
Toilet	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Door(s)	MIII/////	/
Door Lock(s) & Hardware(s)	, / / mmm	1/
Taps	~	// /
Others		
Stair(s)		~
Tables		
Chairs	#2 TT	
Lawn(s) & Garden(s)	41 2 H	
Parking Area(s)	44 / 1	
Front/Back Porch	1	
Other		
Other		11-
Other		
Comments:		
	7 / 1 7	
	······································	



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MOVE-IN INSPECTION DATE:	MOVE-OUT INSPECTION DATE:
MARVPS Signature:	. <b>MARVPS</b> Signature:
Tenant Signature:	Tenant Signature:
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# APPLICATION FOR PERMISSION TO USE SUNRISE HALL (Coastal Road, Belle Mare)

1.	Name (Mr/Mrs/Miss):(In BLOCK Letters)		
2.	National Identity Number:		
3.		CK Letters)	
4.	Name of Organisation/Association/Institution/Individual affiliated to (If Applicable)		
5.	Telephone Number:	Mobile:	
	Email address:	Fax Number:	
6.	. Facilities required		
7.	7. Days and Date on which facilities are required		
	From	То	
	Day	Day	
	Date	Date	
	Time	Time	
8.	Purpose:		
9.	. Number of persons attending:(Approx)		
10.	In case authorization is granted, I agree to	abide by the rules and conditions governing	
	permission to use the <b>SUNRISE HALL</b> , to see	k ad <mark>ditional clearance</mark> if required and to make	
	necessary payments.		
11.	In case of <b>damages</b> to the SUNR <mark>I</mark> SE HALL p	prope <mark>r</mark> ty, I tak <mark>e t</mark> he responsibility to bear the	
	cost within <b>five (5</b> ) <b>days</b> after the activity.		
	I hereby certify that the informatio	n given herein is <b>true</b> and <b>correct</b>	
	Date	Signature of Responsible Person	



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### OFFICIAL USE – TO be filled by Responsible Member

I have studied the request above and

1	I have no objection to the applicant using the SUNRISE HALL	
2	I do not recommend that permissio	n should be granted for the following reason
	[Tick	as appropriate]
•••••		<del>                                     </del>
•••••		
D - 1 -	. ///////	шш///,/
Date		Signature:
Dam	nage to Sunrise Hall property (Please t	rick as appropriate)
	Yes	No No
	- TI	211
If yes give details:		
Date:Signature of Responsible Member:		
_	-///m	
	TO be filled	by Finance Section
Dei	posit refunded: Yes	Date of refund:
اعرا	sosie rerainaea.	Dute of Telana.
	No	Give details:
	Name of Officer	Signature of Officer