



REPUBLIC OF CYPRUS

**ASYLUM SERVICE**

**Verification of intention to apply for International Protection**

**Applicant Information**

File Number:  <b>Date of request:</b>  Expiration Date:	PHOTO
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Applicant Name: \_\_\_\_\_  
*Surname* *Name*

\_\_\_\_\_ *Father's name* *Mother's name*

Nationality: \_\_\_\_\_ ID/Passport: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Residence address:

The holder of this document is obliged to proceed for **lodging his/her application within six working days from the date of this letter (date of making the application) for international protection to the nearest Aliens and Immigration Unit of the Police, according to Article 11(4) of the Refugees Law. The deadline for the lodging is indicated above.**

\_\_\_\_\_ *Applicant Signature* *Date*

**Issuing Authority**

Officers Name: \_\_\_\_\_ Issuing Authority: \_\_\_\_\_

\_\_\_\_\_ *Signature* *Date* *Stamp*

This document shall serve as a proof of his/her legal status as an applicant for international protection before any authority of the Republic until the applicant lodges, as appropriate, the application for international protection and obtains the “Confirmation of Submission of an application for international protection”. This document secures the access of its holder to all the rights and benefits provided for in the above mentioned Law and particularly the right to remain in the areas controlled by the Government of the Republic access to medical treatment, access to material reception conditions and access to public education.

Stamp:

**IMPORTANT NOTE TO THE HOLDER OF THE DOCUMENT:**

THIS DOCUMENT EXPIRES ON THE DEADLINE MENTIONED ABOVE. You should present yourself to the nearest Aliens and Immigration Unit of the Police within six working days from the date of the issuance of this document in order to proceed with all the necessary arrangements for your application for international protection.

In case you fail or neglect to comply with the above requirement, your application for international protection cannot be examined and your access to the rights mentioned above will be automatically terminated. Please also note that the right to remain on the territory controlled by the Republic of Cyprus will be ceased automatically. In such a case you may be subjected to deportation/arrest/detention.

Applicant Signature:

Date: