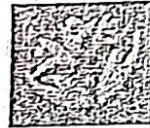




REPUBLIC OF CYPRUS
DEPUTY MINISTRY OF MIGRATION
AND INTERNATIONAL PROTECTION



ASYLUM SERVICE
1077 NICOSIA

REQUEST FOR NOTIFICATION:
STATUS OF THE EXAMINATION OF THE APPLICATION FOR
INTERNATIONAL PROTECTION

FILE No.	
ARC No.	
SURNAME	
NAME	
NATIONALITY	
ADDRESS	
TOWN & POSTAL CODE	
TELEPHONE No.	

APPLICANT'S SIGNATURE: _____

DATE: ____ / ____ / ____