



REPUBLIC OF CYPRUS
**DEPUTY MINISTRY OF MIGRATION
 AND INTERNATIONAL PROTECTION**



**ASYLUM SERVICE
 1077 NICOSIA**

CHANGE OF ADDRESS

| | |
|----------------------|-------|
| FILE No. | |
| ARC No. | |
| SURNAME | |
| NAME | |
| NATIONALITY | |
| NEW ADDRESS | _____ |
| TOWN & | _____ |
| POSTAL CODE | _____ |
| TELEPHONE No. | |

Please submit one of the following necessary documentation: (please ✓)

- Rental Agreement (certified by Notary / Certifying Officer or Community President)
- Electricity Authority Bill
- Water Board Bill
- Telephone Bill

APPLICANT'S SIGNATURE: _____

DATE: ____/____/____