



REPUBLIC OF CYPRUS  
MINISTRY OF INTERIOR



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: \_\_\_\_/\_\_\_\_/\_\_\_\_