

I undersigned

Of address Tel. No

Holder of Cyprus Identity Card No or Passport No

Hereby declare on oath the following:

AFFIDAVIT

NAME

.....

(in capital letters)

Date of birth: Sex:

Place of birth:

(Town (Quarter) / Village)

Single / Twin

Name and Surname of father

(in capital letters)

Place and date of birth or age of father

Father's Identity Card No: Father's passport No:

Religion:

Name, surname and maiden surname of mother:

(in capital letters)

Place and date of birth or age of mother

Mother's Identity Card No: Mother's passport No: