

CYPRUS VETERINARY COUNCIL

MINISTRY OF AGRICULTURE,
NATURAL RESOURCES AND ENVIRONMENT
VETERINARY SERVICES
1417 NICOSIA
CYPRUS

**THE PRIVATE VETERINARY LABORATORIES (REGISTRATION,
OPERATION AND CONTROL) REGULATIONS**

**Application for Registration in the
Private Veterinary Laboratories Register**

To the Registrar
Of the Cyprus Veterinary Council

According to the Regulation 9 (1) of the Private Veterinary Laboratories (Registration, Operation and Control) Regulations, I submit the application for the registration in the Private Veterinary Laboratories Register of the Laboratory:

Name of Laboratory:
Address:
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Details of Owner:

Name of the owner:
Identity Card No.:
Tel. No.:

Details of Director/ Directors:

Name of Director/Directors:
No of the Veterinary Surgeons Register:
Identity Card No.:
Tel. No.:

According to the Regulation 9 (1), I declare that the conditions and requirements mentioned in Regulation 10 for the registration in the Register of the above veterinary laboratory operating under my responsibility are met.

Date
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Signature of the Owner
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Date
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Signature of the Director/Directors
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