

**DEPUTY MINISTRY OF TOURISM**  
**P.O. BOX 24535, TEL: 22691100, FAX: 22338541**  
**1390 NICOSIA**

Establishment's Ref No. :.....

**APPLICATION FOR THE CHANGE OF THE NAME**  
**OF A CATERING ESTABLISHMENT**

Name of applicant/operator:.....

Currently approved trade name of establishment:.....

Proposed trade name (see notes below): .....

Currently approved category/ies of establishment: (see notes below).....

Date of change:.....

**NOTES:**

1. It is desirable that:
  - (a) the names of new establishments should comply with the tradition, civilisation and specific characteristics of Cyprus.
  - (b) they are written in Latin,
  - (c) placenames should not be used,
  - (d) do not use the word beach unless they are situated close to the beach,
  - (e) foreign names should only be proposed for establishments associated with specific characteristics and services.

Date: .....

.....  
Signature of operator  
(a seal is essential  
in case of a company)

**Applicant's Solemn Statement**

I hereby declare that I accept the processing of my personal data by the Deputy Ministry of Tourism according to the current provisions of the Processing of Personal Data (Protection of Individual) Law of 2001. I understand that my personal data declared in the present form will be handled in confidentiality and secrecy and processed in electronic and/or in any other form by persons duly authorized by the Deputy Ministry of Tourism, for the purpose of approval of a change of name of a catering establishment.

Date.....

Signature of operator.....