

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

**APPLICATION FOR THE ESTABLISHMENT AND OPERATION OF A BRANCH**  
**OFFICE OF A TOURIST AND TRAVEL AGENCY**

1. Name of Branch Agency: .....
2. Address: .....
3. P.O. Box ..... Post Code: .....  
TEL..... FAX .....
- E-mail ..... Web-site .....
4. Name of operator: .....
5. Name of manager .....  
(main office)
6. Number of employees (manager not included): .....

Date: .....  
Signature of applicant  
(a seal is essential in  
case of a company)  
Signature of manager

**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 for the establishment and operation of a branch office of a Tourist and Travel Agency.

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