

# CYPRUS REGISTRATION BOARD FOR HAIRDRESSING AND BARBERS

## APPLICATION REGISTRATION OF MEMBER



### A. MEMBER'S DETAILS *(in capital letters)*

Name..... Surname.....  
 Residential address.....Town/Village.....  
 Postal Code.....P.O.Box.....  
 Home Tel..... Mobile No.....  
 I.C. No / Alien's Card..... Passport No..... DOB.....  
 Education: Elementary ☐ Gymnasium ☐ Lyceum ☐ Collage ☐

### B. GENERAL QUALIFICATIONS *(in capital letters)*

	Name of Education Institution	Country	From - To	Diploma / Certificate
1)	.....	.....	.....	.....
2)	.....	.....	.....	.....
3)	.....	.....	.....	.....
4)	.....	.....	.....	.....
5)	.....	.....	.....	.....

Foreign Languages.....

Date first started practicing hairdressing.....

### C. Previous Experience in Hairdressing *(in capital letters)*

	Place of work	Address	Tel. Number
1)	.....	.....	.....
2)	.....	.....	.....
3)	.....	.....	.....
4)	.....	.....	.....
5)	.....	.....	.....
6)	.....	.....	.....

Regional Association where I belong to:.....

Name of the business where I belong:.....

Hair-dressing salon..... Barber shop..... Hotel.....

Gym..... Other.....

Address..... Country.....

Town/Village..... Zip Code.....

Tel. No..... Fax No.....

Email..... Web page.....

S.I.N..... (Confirmation from the social Ins. as to commencement of work is to be attached)

Main occupation: Barber:..... Hairdresser:.....

Self-employed..... Employee..... Unemployed.....

### RESPONSIBLE STATMENT

The above is accurate. In the event I have made a false statment I am aware that I shall be subject to the consequences of the Law.

Date..... Signature.....

1.E an ID type photograph and qualification certificates

**CYPRUS REGISTRATION BOARD FOR HAIRDRESSING AND BARBERS**

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