COUNCIL OF COMMERCIAL AGENTS LAWS 76/86, 21(I)/94 and 148(I)/2000

APPLICATION TO BE ISSUED WITH A LICENSE TO PRACTICE THE PROFESSION OF COMMERCIAL AGENT

Cou	uncil of Commercial Agents
P.O.Box 23875	
1687 Nicosia	
1.	FULL NAME OF APPLICANT:
	(Surname in capital letters)
2.	FULL ADDRESS OF PRINCIPAL OFFICE
	POST OFFICE BOX:TEL. NUMBER:
	(in case of any other change mark \Box).
3.	REGISTRATION NUMBER:
4.	With this application I request to be granted an annual license to practice the profession of Commercial Agent. I declare that in the foregoing year I have not been convicted of any offense involving lack of honesty or moral indecency or of an offence in breach of the Exchange Control Law or the Customs and Excise Laws an that I have not been declared bankrupt.
	I enclose the sum of €60.00 as annual license fee.
6.	Enclosed please find the license of the last year.
	Full name of subscriber:
	Applicant's signature

Date: