

CYPRUS OPTICIANS COUNCIL

NICOSIA

CYPRUS

OPTICAL STORE LICENSE APPLICATION

(LAW 16(1)/92)

PLEASE WRITE IN CAPITAL LETTERS

AND ATTACH CERTIFIED CERTIFICATE PHOTOCOPIES

NAME OF OPTICAL STORE:

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NAME OF FOUNDER OF OPTICAL STORE:

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HOME ADDRESS:

Tel. No.

NATIONALITY:

NAME OF OPTICAL STORE MANAGER:

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HOME ADDRESS:

Tel. No.

STORE ADDRESS:

Tel. No.

NATIONALITY:

(A) Please state whether the store is located at an independent (detached) facility:

YES / NO

(B) Available equipment: 1.

- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

I. Copy of the license of the store founder

II. Copy of the license of the store manager

OTHER INFORMATION

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APPLICANT'S SIGNATURE:

DATE:

Please attach payment of €34.17 (application fees)

FOR OFFICIAL USE

Optical store license Granted / not granted

Date of approval:

Signatures

Chairperson:

Members:

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Observations:

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