

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

Ref.....

APPLICATION FOR THE CLASSIFICATION AND LICENSING OF
A HOTEL ESTABLISHMENT

1. Name of hotel
2. Name of operator
- (a) Identity card..... passport..... or company registration no.....
- (b) Home address or company's registered office.....

- (c) Home or company's registered office tel. number
- (d) Name of manager of hotel
- (e) P.O. Box Post Code Tel.: Fax:
- email: Website:
3. Date of undertaking the operation:
4. Has any court order been issued for the restriction of the free use of your property?
 YES/NO

In case a company is involved, the following documents should be enclosed with the application form:

- (a) Certificate of Registration
- (b) Certificate of Directors and Secretary
- (c) Article and Memorandum of Association.

Please note that the copies submitted should have a recent validation by the Registrar of Companies.

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Name and signature of owner of the premises housing the establishment (the seal is essential in case of a company)

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

Date:

Note: Applications failing to provide all the information requested will not be considered.

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 classification and licensing of a hotel establishment.

Date.....

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Signature of applicant