

EXAMPLE

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REPUBLIC OF CYPRUS

File No.:
FOR OFFICIAL USE

SOCIAL WELFARE SERVICES
MINISTRY OF LABOUR AND SOCIAL INSURANCE

(Form S.W.S. 178)

APPLICATION FOR MATERIAL RECEPTION CONDITIONS OF APPLICANTS FOR INTERNATIONAL PROTECTION

Before completing the application, please read the general information attached very carefully. In order to examine the application, all details relating to you must be completed and all necessary documents must accompany the same.

A. DETAILS OF APPLICANT

(Nom) Name ALPHA
(Prénom) Surname DIALLO
(Sexe) Gender: Male Female
Nationalité Nationality CAMEROON
Pays d'origine Country of origin CAMEROON
Marital status: Married Unmarried Divorced Widowed Separated ~~Other~~
Hors(e) Célibataire Divorcé(e) Veuf/ve Séparé(e)
Postal address:
Street and number NIKITA 9
Postal Code 2012
Municipality/Community SITROVLOS
District NICOSIA
Contact Number 95123456
Alien Registration Card No. (ARC) 0581812345 (Alien Book)
Passport No. 0912345 (Numéro de passeport)
Date of birth 01/01/1990 (Date de naissance)

B. DETAILS OF DEPENDANT MEMBERS OF THE HOUSEHOLD (spouse, children living under the same roof)

S/N	Full Name	Alien Registration No. (ARC)	Date of Birth	Female/Male	Capacity	Social Insurance No.
1	SEULEMENT SI TU AS DE					
2	LA FAMILLE À CHYPRE					
3						
4						
5						

ONLY IF YOU HAVE FAMILY IN CYPRUS

~~C. DETAILS OF OWNER OF PREMISES YOU ARE RENTING~~
Full name of Owner/Company
Tax Identification Code of Owner/Company
Value Added Tax Number
Postal address of Owner/Company
Street and number
Postal Code
Municipality/Community
District
Contact number

D. STATE WHETHER YOU OR ANY OTHER MEMBER OF YOUR FAMILY ARE IN GAINFUL EMPLOYMENT OR IN ANY OTHER TYPE OF EMPLOYMENT

No

Est-ce que tu ou quelqu'un de ta famille travaille?

E. STATE WHETHER YOU OR ANY OTHER MEMBER OF YOUR FAMILY HAS SUFFICIENT RESOURCES ENABLING YOUR MAINTENANCE

No

Est-ce que tu ou quelqu'un de ta famille as de l'argent?

CERTIFICATES

The application must be accompanied by the following certificates, not only for the applicant but also for all the members of his family:

1. Certificate indicating the Alien Registration Card No. - ARC
2. Confirmation of submission of application for international protection.
3. Confirmation from the Asylum Service that you do not have the ability to cover material reception conditions at Reception or Hospitality Centres.
4. In the event of unemployed members in the family, a separate unemployment card for each member.
5. In the event of inability to work on the grounds of illness or disability, a medical confirmation for each member of the family concerned.
6. A lease agreement, duly completed and stamped.
7. In the event of a dependant member who is a pupil, a certificate of attendance.
8. In the event of a dependant member who is a student, a certificate of attendance at an accredited educational institution.
9. The Social Welfare Services, may, where deemed necessary, request further documentation in order to examine the application or for the continuation of the assistance.

SOLEMN DECLARATION

I hereby seek assistance to cover material reception conditions, and hereby declare that the information set out in the present form corresponds to the truth.

I also declare that:

- A. I reside in the areas controlled by the Republic of Cyprus.
- B. I am not employed and neither is any other member of my family.
- C. I do not have sufficient resources and neither does any member of my family that are sufficient for our Maintenance.
- D. I understand that the Director of the Social Welfare Services has the right to request that I return the amount of assistance that has been granted to me if proved that I have concealed income from any source and I have failed to declare details and information concerning my financial and marital status so as to unjustifiably benefit from the assistance, irrespective as to whether or not this was intentional.
- E. I shall notify the Social Welfare Services in time as to any changes in my financial and marital status.
- F. I understand that in the event I do not cooperate and do not give the relevant documentation requested, my application will be rejected.
- G. I hereby authorize the Social Welfare Services to investigate and confirm the data contained in my application with other Services, notifying my personal data in accordance with the provisions of the Processing of Personal Data (Protection of the Individual) Law 122(I)/2001

I also declare that I have informed, within a reasonable time, as to the provisions established and also of the obligations with which I must comply in relation to material reception conditions.

(Date de soumission)
Date: 01/12/2021
Full name: ALPHA DIALLO
(Nom et prénom)

Signature of Applicant
(Signature)

ADD