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REPUBLIC OF CYPRUS



## CYPRUS STATE ARCHIVES

## Documents Request Form

**Date:**

**Full Name:**

**Nationality: Identity Card No.:**

**Profession or Occupation:**

**Permanent Address: Tel.:**

**Temporary Address: Tel.:**

**Email Address:**

**Purpose and Subject of Research:**

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| **Official Use Only:**  Previous Documents Request Form: |
| **Other Remarks:** |

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| **Official Use Only** | | |
| Serial **No.** | **Document Reference** | **Request Number** | **Receipt** | **Remarks** |
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In making application for a Documents Request Form I undertake to observe the Reading Room Instructions and I agree with the processing of my personal data which is necessary for the purposes of this application.

Applicant Signature

**It is noted that this application will be processed by the State Archives with confidentiality and in accordance with the provisions of the applicable Law on the Protection of Individuals with regard to the Processing of Personal Data and the Free Movement of such Data of 2018 (L.125(I)/2018)**

**and the Regulation (EU) 2016/679.**