 Language: English

Ministry of Interior

Asylum Service

Application for Temporary Protection

\* In accordance with Council’s Decision (EU) 2022/382 of 4 March 2022, establishing the existence of a mass influx of displaced persons from Ukraine within the meaning of Article 5 of Directive 2001/55/EC, and having the effect of introducing temporary protection, and in accordance with Articles 20 to 20IB of the Refugees Laws of 2000-2020.

**DATE OF APPLICATION: …......./….…/…………**

**Please select between (a), (b), (c) or (d) as applicable:**

**(a) Ukrainian national residing in Ukraine before 24 February 2022;**

**(b) Stateless person, and national of third country other than Ukraine, who benefited from international protection or equivalent national protection in Ukraine before 24 February 2022;**

**(c)** **Family member of the person referred to in point (a);**

**(d) Family member of the person referred to in point (b).**

|  |  |  |
| --- | --- | --- |
| First Name : | Surname: | |
| Fathers name: | Family Name (to be completed by female applicants) | |
| Gender : F  M | Title : Mr.  Ms.  Mrs. | |
| Nationality: | Religion: | ID/Passport No: |
| Address where you are now staying : | Contact Phone Number : | Date of Birth : |
| Place of Birth: |
| Marital Status :  Single :  Divorced:  Other:  Married :  Widowed: | Languages Spoken :  Mother tongue: | Interpreter required :  Yes  No |
| Other languages: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Documents that prove legal residence in Ukraine before 24 February 2022:** | | | | |
| **Family members accompanying the applicant (To be included in the file)** | | | | |
| Full Name | Date of birth | Gender (M/F) | | Relationship |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| **On what date did you leave Ukraine?** | | | | |
| With the authorization of the authorities of your home country? | | | Yes  No | |
| **Have you been previously residing in Cyprus?**  If YES  With what Status: ………………………………………………………………. | | | Yes  No | |
| **Mean(s) of transport:**  By Air  By Sea  By Land | | | **In what manner did you enter?**  Legally  Illegally | |
| **Which countries did you transit?** | | | | |
| **Date and place of entry in the Republic of Cyprus:** | | | Date ……../…………/…………. | |
| **I hereby formally declare that I have completed in this form all data required, which are, to the best of my knowledge, true, accurate and complete**  Signature of Applicant: ……………………………………………………………..  Date: ……………………………………………….. | | | | |

**Authorization allowing access to a competent organisation or other authority to the contents of my File for the conduct of quality control**

Having knowledge that is my absolute right to deny or consent, without this affecting in any way the assessment of my application, I hereby authorize access to my file, to a representative of a competent organisation or other authority, for quality control purposes.

Applicant’s Full Name: ……………………………………………………………………………………………

Applicant’s Signature: ………………………………………………………………………………………………

Date: ……………………………………………………………………………………………………………………….