 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 YESWith 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: ……………………………………………………………………………………………………………………….