Assumption of Responsibility for Hosting I, the undersigned

Surname:		Name:
Place and date	of birth:	
Nationality:	Pa	ssport / I.D. Number:
Address:		
Salary:		
Diplomatic Missi	ion to examine the application	on:
Ass	ume full responsibility vis-à-	vis the Authorities of the Republic of Cyprus to:
and possible me (b) Ensure that t	edical expenses.	will depart before or on the expiration date of his visa.
	Hos	sted person details:
Surname:		
Name:		
Sex:		
Place and date	of birth:	
Nationality:		
Passport number	er:	
Address:		
Relation to the p	person to be hosted:	
He / She will be	accompanied by his / her w	rife / husband:
He / She will be	accompanied by his / her cl	hild(ren):
Froml	Jntil	
Hosting address	(if different from the host's	address):
Signature:		
Date:	Place:	Stamp:

REQUIREMENTS

- This form must be completed by the Cypriot national or resident of Cyprus hosting the foreign national.
- This form must be signed before a Certifying Officer of the Republic of Cyprus, and certified accordingly.
- It must be accompanied by a photocopy of the host's passport/id card and residency permit where applicable.