



CyBC ARCHIVES

Application to obtain archival material

Date:.....

Name and surname:.....

Nationality:.....

Identity Card Number:.....

Profession / Occupation:.....

Permanent Address:..... **Tel. no.:**.....

Temporary Address:..... **Tel. no.:**.....

Archival material **TV footage** • **Radio material** •

Details and purpose for obtaining archival material:.....

I declare compliance with the charging policy of the CyBC Archives.

.....
Signature of Applicant

The signed applications may be delivered by hand to the CyBC Archives, or be sent by electronic mail to the address arxio@cybc.com.cy, by fax 22862213, or by post to the address CyBC, P.O.Box 24824, 1397, Nicosia, Cyprus.

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For Official Use Only:

Serial Number:.....

Former application for obtaining archival material:.....

Other comments:.....

APPROVED: YES • **NO** •

Cost of services provided (paid in advance):.....**Receipt Number:**.....

Sum Payable:.....

Receipt Number:.....

Date:.....

Other comments:.....

Name of Archival Employee:.....

Signature:.....