

Application by a Service Provider

for Profile Identification of a Company/Partnership/ Other Legal Entity

I, the undersigned (name) **(the Applicant)**
with Identity Card Number

*Director /Secretary / Acting Director/ Acting Secretary/ Partner of

* (Organisation name)

* with Company Registration Number

(*To be completed in case the provider is a registered entity in the registrar of companies)

(Mark with √ one of the following)

personally **SUBMIT:**

hereby **AUTHORISE** the following person

.....(name)

with Identity Card Number

TO SUBMIT on behalf of the above Applicant

B. (Mark with √ one of the following)

a request for identification of the CY Login profile of the Cyprus eGovernment Gateway "Ariadne" of the entity
bellow

.....(entity name)

with Registration Number

Profile ID(16-digit CY Login profile number)

a request for identification of the CY Login profile **of the entities listed in the attached list (form CYL/4/en).**

(To be selected in cases where the Applicant submits request for profile identification for more than one entity)

This authorization is only valid for the submission, of the documents for the identification of CY Login profiles on the Government Security Gateway "Ariadne" **by a service provider**. This authorization form **must be accompanied by the authorizations (form CYL/2)** from the entities whose CY Login profile is to be identified.

Telephone Number for clarifications: -----

Formal Declaration by the Applicant:

Knowing the consequences of providing false information or forgery, I responsibly declare that all information contained in this form and any attachments is true.

Date

___ / ___ / _____

The Signer

..... (Signature)