CY LOGIN CYL/6/NP/EN(v4)

APPLICATION FOR CHANGE OF ELECTRONIC ADDRESS (EMAIL) ON AN EXISTING NATURAL PERSON PROFILE OF THE CY LOGIN SERVICE

| I, the undersigned | (the Applicant), |
|---|---|
| with Identity Number / Alien Registration Card (ARC) | |
| submit a request to change the electronic address (email) of r | my CY Login service profile. |
| Please fill in the information below: | |
| Existing email specified when creating the profile (if you kn | · |
| 2) New email to be set in profile (Email should not be used fro | om another profile): |
| 3) Reason you want to change the existing email: | |
| | |
| 4) Contact Phone: | |
| Make sure you attach the following necessary documents | <u>s</u> |
| Identity card (on both sides) or Alien Registration Car | d (ARC) |
| Note: | |
| The "Application for Change of Electronic Address (Email)" not the necessary documents to the email address cyloginsuppolare requesting to be assigned, for purposes of confirming its example. | rt@dits.dmrid.gov.cy from the new email address you |
| FORMAL DECLARATION BY THE APPLICANT | |
| Knowing the consequences of providing false information or for contained in this form and any attachments is true. | orgery, I responsibly declare that all information |
| Date of submission | Applicant Signature |
| | |