



REPUBLIC OF CYPRUS
MINISTRY OF LABOUR
AND SOCIAL INSURANCE

**DEPARTMENT OF
LABOUR**
1480 NICOSIA

**Implementation of Law 31(I)/2008 of the Republic of Cyprus concerning the
Recognition of Professional Qualifications and
related issues (Directive 2005/36/EK)**

DECLARATION FORM
ACCORDING TO ARTICLE 11(1)
CONCERNING THE TEMPORARY PROVISION OF SERVICES
IN THE REPUBLIC OF CYPRUS

CYPRUS, JUNE 2008

**Declaration pursuant to Article 11(1)
concerning the temporary provision of services¹**

1. This declaration concerns:

- A first provision of services in the Republic of Cyprus (please complete sections 2 to 6)
 An annual renewal of the declaration² (please complete sections 2 to 5 and 7)

2. Identity of applicant:

2.1. First name(s) and surname(s)

2.2. Nationality(ies):

- | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AT | <input type="checkbox"/> BE | <input type="checkbox"/> BG | <input type="checkbox"/> CY | <input type="checkbox"/> CZ | <input type="checkbox"/> DE | <input type="checkbox"/> DK | <input type="checkbox"/> EE | <input type="checkbox"/> EL | <input type="checkbox"/> ES |
| <input type="checkbox"/> FI | <input type="checkbox"/> FR | <input type="checkbox"/> HU | <input type="checkbox"/> IE | <input type="checkbox"/> IT | <input type="checkbox"/> LT | <input type="checkbox"/> LV | <input type="checkbox"/> LU | <input type="checkbox"/> MT | <input type="checkbox"/> NL |
| <input type="checkbox"/> PL | <input type="checkbox"/> PT | <input type="checkbox"/> RO | <input type="checkbox"/> SI | <input type="checkbox"/> SK | <input type="checkbox"/> SE | <input type="checkbox"/> UK | <input type="checkbox"/> IS | <input type="checkbox"/> LI | <input type="checkbox"/> NO |

Other(s)

2.3. Passport number: Country

Country

Country

2.4. Gender: Male Female

2.5. Date of birth:

2.6. Place of birth: Town:

- | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AT | <input type="checkbox"/> BE | <input type="checkbox"/> BG | <input type="checkbox"/> CY | <input type="checkbox"/> CZ | <input type="checkbox"/> DE | <input type="checkbox"/> DK | <input type="checkbox"/> EE | <input type="checkbox"/> EL | <input type="checkbox"/> ES |
| <input type="checkbox"/> FI | <input type="checkbox"/> FR | <input type="checkbox"/> HU | <input type="checkbox"/> IE | <input type="checkbox"/> IT | <input type="checkbox"/> LT | <input type="checkbox"/> LV | <input type="checkbox"/> LU | <input type="checkbox"/> MT | <input type="checkbox"/> NL |
| <input type="checkbox"/> PL | <input type="checkbox"/> PT | <input type="checkbox"/> RO | <input type="checkbox"/> SI | <input type="checkbox"/> SK | <input type="checkbox"/> SE | <input type="checkbox"/> UK | <input type="checkbox"/> IS | <input type="checkbox"/> LI | <input type="checkbox"/> NO |

Other

2.7. Contact details in Member State of establishment (compulsory):

Address:

Telephone no. (with dialling codes):

Fax (with dialling codes):

E-mail:

2.8. Contact details in the Republic of Cyprus (facultative):

Address:

Telephone (with dialling codes):

Fax (with dialling codes):

E-mail:

¹ Please keep a copy of this declaration. You will be required to produce it for the provision of future services.

² Please attach a copy of the previous declaration and of the first declaration made.

3. Profession concerned:

3.1. Profession pursued³ in the Member State in which you are established:⁴

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.....
.....

Profession for which you are applying to gain access to in the Republic of Cyprus:

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4. Legal establishment in one or more Member States:

For the purposes of this declaration, “legal establishment” refers to the pursuit of the profession in compliance with the rules relating to professional qualifications, including the related training conditions, and all the rules specific to the pursuit of the profession. Legal establishment precludes any prohibition, albeit temporary, from pursuing the profession. For holders of third country qualifications, the legal establishment which may give rise to the provision of services also entails professional experience of at least three years on the territory of a Member State which has recognised the qualifications in accordance with its national legislation, and certified by it (cf Article 3(3) of Directive 2005/36/EC).

4.1. Are you legally established in a Member State to pursue the profession referred to in 3.1⁴

Yes No

If you answered yes, in which Member State are you legally established?⁴

AT BE BG CY CZ DE DK EE EL ES
FI FR HU IE IT LT LV LU MT NL
PL PT RO SI SK SE UK IS LI NO

If no, please explain:

4.2. Is this profession regulated in the Member State in which you are established?⁴

Yes No

If it is regulated, please go to question 4.4.

Any comments:
.....

³ Please indicate the title of the profession in the language of the Member State in which you are established and in the language of the Republic of Cyprus or, if not, in English, French or German.

⁴ If you are established in more than one Member State, please supply the information for each of the Member States in question.

4.3. If the profession referred to in 3.1 is not regulated in the Member State in which you are established and you have not undergone regulated education and training leading to the profession in 3.1⁵, have you acquired for that profession professional experience of at least two years during the last ten years on the territory of that Member State?

Yes No

Any comments:

4.4. Do you belong to a professional association or an equivalent body?⁵

Yes No

If your answer was yes, please indicate which one, giving the relevant contact details and your registration number.

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Are you subject to authorisation or supervision by a competent administrative authority?⁵

Yes No

If your answer was yes, please indicate which one, giving the relevant contact details.

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5. Professional insurance

5.1. Do you have any insurance cover or other means of personal or collective protection with regard to professional liability arising from the pursuit of the profession referred to in 3.1?⁵

Yes No

If yes, please provide the following details of your insurance cover:

Name of the insurance company:

Number of contract:

Any comments:

⁵ If you are established in more than one Member State, please supply the information for each of the Member States in question.

6. Supporting documents annexed to this declaration

6.1. Please tick the document(s) which accompany this declaration:

- Proof of nationality
- Attestation of legal establishment
- Evidence of professional qualifications
- Proof of two-year professional experience⁶
- Evidence of no criminal convictions⁷

7. Renewal Information⁸

7.1. What period(s) did you provide services in the Republic of Cyprus?

- From / / to / /
- From / / to / /
- From / / to / /
- From / / to / /
- From / / to / /

Any comments:

7.2. Please indicate the professional activities carried out during the periods you provided services.

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8. Other comments

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⁶ To be completed only if the profession is not regulated in the Member State of establishment

⁷ To be completed only if required by the competent authority of the profession

⁸ This information will be retained by the competent authority to monitor service provision.