

(Please do not leave any of the boxes blank – if not relevant to you indicate “None”)

Full Name: _____

Occupation: _____

Address: _____

Mailing Address: _____

Telephone (Home): _____

Telephone (Work): _____

Telephone (Mobile): _____

Email Address: _____

I apply to apply in the School of Adult Consumer Education of the Cyprus Consumers Association. I understand that classes are free of charge.

Your signature: _____

Date: _____

Please send this application via fax on 357 22516118 or by post at P.O. Box 24874, 1304 Nicosia, Cyprus

FOR OFFICIAL USE ONLY

Received No.: _____

Date _____