

**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](mailto: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:**.....