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**APPLICATION FORM FOR PATIENTS WHO CARRY CONTROLLED  
DRUGS DURING THEIR HOLIDAY IN CYPRUS**

<b>Patients Name</b>				
<b>Patients Postal Address</b> Please include postal code				
<b>Home telephone</b>				
<b>Email / Fax</b>				
<b>Place of birth</b>			<b>Date of birth</b>	
<b>Passport or ID number</b>			<b>SEX M / F</b>	
<b>Arrival date in Cyprus</b>				
<b>Departure date from Cyprus</b>				
<b>Medicines</b>				
<b>Name</b>	<b>Form</b> e.g tabs, amps	<b>Strength</b> e.g mg , mg/ml	<b>Daily Dose</b>	<b>Quantity</b>

***A copy of the prescription stating the name, address, phone and fax number and the doctor's license number must accompany the application form.***

Applicants Signature

The above information is necessary to issue a licence to carry controlled medicines into the Republic of CYPRUS