Assumption of Responsibility for Hosting I, the undersigned

I, the undersigned		
Surname:		Name:
Place and date of birth:		
Nationality:	Passport / I.D.	Number:
Address:		
Salary:		
Diplomatic Mission to examine the application:		
Assume full responsibility vis-à-vis the Authorities of the Republic of Cyprus to:		
and possible medical expe	enses. n I will be hosting will dep	art before or on the expiration date of his visa. in Cyprus illegally.
Hosted person details:		
Surname:		
Name:		
Sex:		
Place and date of birth:		
Nationality:		
Passport number:		
Address:		
Relation to the person to I	pe hosted:	
He / She will be accompanied by his / her wife / husband:		
He / She will be accompanied by his / her child(ren):		
From Until		
Hosting address (if different from the host's address):		
Signature:		
Date:	Place:	Stamp: