



REPUBLIC OF CYPRUS  
DEPUTY MINISTRY OF SOCIAL  
WELFARE



DEPARTMENT FOR SOCIAL INCLUSION OF  
PERSONS WITH DISABILITIES  
1430 NICOSIA

## **APPLICATION FOR THE ACQUISITION OF WHEELCHAIRS THROUGH LENDING**

### **A. Applicant's details:**

Name: .....	Surname: .....	Identity Number: .....
Date of Birth .....	Citizenship: .....	Occupation .....
Street/ Number: .....	Municipality / Community: .....	Postal Code: .....
Residence Telephone number: .....	Mobile Number: .....	Fax Number: .....

### **B. Parent /guardian/alternative persons for communicating details:**

Name: .....	Surname: .....	Identity Number: .....
Street/ Number: .....	Municipality / Community: .....	Postal Code: .....
Residence Telephone number: .....	Mobile Number.: .....	Fax Number: .....

### **C. To be completed by the patients doctor or physiotherapist**

Please provide to the applicant a wheelchair as he/she experiences ..... ..... ..... ..... Telephone number of doctor or physiotherapist ..... Signature and stamp of doctor or physiotherapist .....
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Applicants Signature .....

Date ...../...../.....

**Note: For the examination of the application a copy of identity card need to be attached**

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