



**APPLICATION FOR THE PROVISION OF TECHNICAL MEANS, INSTRUMENTS AND
OTHER AIDS FOR PERSONS WITH DISABILITIES 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

<p>Please provide to the applicant the following technical means as he/she experiences</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Telephone number of doctor or physiotherapist</p> <p>Signature and stamp of doctor or physiotherapist</p>

Applicants Signature

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

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

Department for Social Inclusion of Persons with Disabilities, 1430 Nicosia, 67 Archbishop Makarios III street,
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