**PERSONS 1-ΜΠΑ**

|  |  |  |
| --- | --- | --- |
|  **CYPRUS GOVERNMENT** | **MINISTRY OF ENERGY, COMMERCE AND INDUSTRY** **REGISTRAR OF COMPANIES AND OFFICIAL RECEIVER****INSOLVENCY SERVICE / BANKRUPTCIES AND** **LIQUIDATIONS SECTION**  | **C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\L3L5K0VB\logo 4 (2).jpg** |

**application to the official receiver FOR ISSUING a non bankruptcy certificate**

**PART I - INFORMATION /INSTRUCTIONS**

Τhe fees for the issue of a non bankruptcy certificate are as follows:

**€60,00** – With acceleration - in **3 working days**.

**€40,00**- With regular order - in **10 working days.**

The certificates can be collected from the Bankruptcies and Liquidations Section or sent by post.

**The search that it is necessary to be made, in order to issue the requested “non bankruptcy certificate”, will only cover those “Receiving Orders” for which the Official Receiver has the identity numbers of the natural persons and which are found within the Bankruptcy Register/Archive, which is kept by the Official Receiver. This is necessary to be done in order to avoid any mistakes due to the existence of similar names.**

**PART II – APPLICATION**

**PLEASE PROVIDE ME WITH A CERTIFICATE OF NON BANKRUPTCY IN ENGLISH/GREEK (THE DATA MUST BE COMPLETED WITH ACCORDANCE TO YOUR CHOICE OF LANGUAGE)**

**DATA (IN CAPITAL LETTERS):**

# NAME: ..............................................................................................................................................................

# CYPRUS IDENTITY CARD: ……………………………………............................................................................................

**PASSPORT NO. AND COUNTRY OF ISSUE:...........................................................................................................**

**(ONLY for those that do not have Cyprus Identity Card)**

**CANDIDATE DETAILS**

**NAME: ……………………………………………………………………………………………………………………………………………………………..**

**TELEPHONE NO.: ……………………………………………………………………………………………………………………………….…………….**

**EMAIL ADDRESS:………………………………………………………………................................................................................**

|  |  |  |  |
| --- | --- | --- | --- |
| **CASH** | **CHEQUE** | **DEDUCTING THE AMOUNT FROM THE ACCOUNT** | **ACCOUNT NUMBER HELD BY REGISTRAR OF COMPANIES** |
|  |  |  |  |

**Payment:**

|  |  |
| --- | --- |
| **KEPT IN THE OFFICE**  | **POSTED TO THE FOLLOWING ADDRESS** |
|  |  |

**Please the Certificate be**:

**DATE: .........................**

**Postal Address:** Corner Gerasimou Markora & Michalakopoulou 19, 2nd Floor, Office 201, 1075 Nicosia, **Phone No:**  **22-458305, 22-466510**, **Fax No.: 22-466583 Website:** [www.isc.gov.cy](http://www.isc.gov.cy) **Email Address:** insolvencyinfo@drcor.mcit.gov.cy