MINISTRY OF COMMERCE, INDUSTRY AND TOURISM DEPARTMENT OF REGISTRAR OF COMPANIES AND OFFICIAL

RECEIVER 1427 NICOSIA

Tel. 22404318, -324, Fax 22404336

Applicant's Name	:		
Address	:		
Tel./Fax	· ·		
Please inform me	ACCELE	•	OF NAME is/are approved for the
· ·	mpany/Parmersmp/	busiliess Name.	
1			
2.			
3.			
			Signature of Applicant
A. 1. Nature of E	Business		
B. Please produce	e consent of Compa	any or Trade Mark, if a	applicable.
	<u>For</u>	Official Use	
Similar or Identical	Names :	Trade Marks	:
Date	Approve	ed/Rejected – Questic	onnaire/General/Similarity
On the	applicant's account	was debited	. Signature