



MINISTRY OF LABOUR, WELFARE AND SOCIAL INSURANCE
WELFARE BENEFITS ADMINISTRATION SERVICE

DATA MODIFICATION FORM OF APPLICANT FOR THE CHILD BENEFIT AND THE SINGLE PARENT BENEFIT

Please fill in the applicable details in BLOCK LETTERS

APPLICANT'S DETAILS			
Identity Card No.	<input type="text"/>	Social Insurance No (SIN)	<input type="text"/>
Alien Registration No.(ARC)	<input type="text"/>		
Passport No.	<input type="text"/>	Country of Issue	<input type="text"/>
Name	<input type="text"/>		
Surname	<input type="text"/>		

Head of Welfare Benefits
Administration Service

I inform you of the following **changes** to the data I have declared on my application for the Child Benefit and the Single Parent Benefit:

Please indicate with "√" the category(ies) of data where a change has been made based on your application for granting the Child Benefit and the Single Parent Benefit :	
1. HOME ADDRESS	<input type="checkbox"/>
2. BANK ACCOUNT DETAILS	<input type="checkbox"/>
3. DEPENDENT CHILDREN THAT NO LONGER LIVE UNDER THE SAME ROOF WITH THE APPLICANT	<input type="checkbox"/>
4. DATA RELATED TO EMPLOYMENT (salaried or self-employed)* / ABSENCE ** OR PERMANENT SETTLEMENT IN AN EU MEMBER STATE OR ANY OTHER STATE OUTSIDE OF THE REPUBLIC OF CYPRUS OF ONE OR MORE FAMILY MEMBERS	<input type="checkbox"/>
5. DATE OF MARRIAGE	<input type="checkbox"/>
6. START DATE OF CO-HABITATION	<input type="checkbox"/>
7. SPOUCE/PERSON LIVING TOGETHER DETAILS	<input type="checkbox"/>
8. GIVING BIRTH TO CHILDREN WHILE THE APPLICANT IS A SINGLE PARENT BENEFICIARY	<input type="checkbox"/>
9. OTHER DATA (ex. date of imprisonment release of spouse, reappearance of spouse declared as missing etc)	<input type="checkbox"/>



Ευρωπαϊκή Ένωση
Ευρωπαϊκό Κοινωνικό Ταμείο

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Διαρθρωτικά Ταμεία
της Ευρωπαϊκής Ένωσης στην Κύπρο

