



REPUBLIC OF CYPRUS
**MINISTRY OF LABOUR
 AND SOCIAL INSURANCE**



SOCIAL INSURANCE SERVICES
 1465 NICOSIA

APPLICATION FOR THE ISSUE OF U1 (E301CY) FORM

Regulations EC 883/04 – EC 987/09

Periods to be taken into account for granting unemployment benefits

PART A - APPLICANT'S INFORMATION

Name:	
Surname:	
Date of Birth:/...../.....	Place of Birth:
Nationality:	
Cyprus Social Insurance No:	Registration No of EU country:
Address in the State to which the form is being sent:	
.....	

Employer Name	Employment Period	Full Address / Tel.no

Date:/...../.....	Signature:
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PART B – TO BE FILLED BY THE EMPLOYER

Note: Part B is filled in case the application is **not** accompanied with an original letter by the last employer in which the period of employment and the reason of employment termination are determined.

Name of Employer: Employer Reg. No.:

Applicant's period of employment: From: To:

Reason of Employment Termination:

Date: Signature and Stamp:



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