



PART I

# SWORN AFFIDAVIT

(article 8 Law 1599/1986)

(NOTE: OF THE HELLENIC REPUBLIC)

The accuracy of the details which are declared with this affidavit can be checked with the records of other authorities (article 8 par. 4 N. 1599/1986)

TO <sup>(1)</sup> :	
Name:	Surname:
Name and surname of father:	
Name and surname of mother:	
Date of birth <sup>(2)</sup> :	
Place of birth:	
Greek ID number:	Tel.:
Residential address:	Street: No.: Postal code:
Fax no.:	Email:

With personal responsibility and knowing the consequences<sup>(3)</sup>, in accordance with the provisions of par. 5 of article 22 of Lr 1599/1986, I declare that:

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Date: .....20.....

The Declarer

(Signature)

- (1) Completed by the applicant or the Authority or Public Service Sector to which the application is addressed.
- (2) Written in full.
- (3) Whoever knowingly declares false information or denies or conceals the truth in a written sworn affidavit of article 8 punished by imprisonment of at least 3 months. If the culpable person of these acts intended to have personal gain or any other property gain and thereby harming a third party or intended to harm another, he /she is punished by imprisonment of up to 5 years.
- (4) Should there not be enough space, the declaration can be continued on the back of this page and must be signed by declarer.

**ACCREDITATION**

**COMPANY NAME:**

**COMPANY REGISTRATION NUMBER:**

**TRADING NAME:**

**VAT REGISTRATION NUMBER:**

**MEMBERS NAMES:**

**ADDRESS AND TEL. NOS.:**

**IDENTITY NUMBER:**

**POSTAL ADDRESS:**

**PHYSICAL ADDRESS:**

**TELEPHONE NUMBER:**

**FAX NUMBER:**

**EMAIL:**

**IATA MEMBERSHIP NUMBER (FOR TRAVEL AGENCIES AND AGENTS):**

**ASATA MEMBERSHIP NUMBER (FOR TRAVEL AGENCIES AND AGENTS):**

**BANKING DETAILS:**

**BANK:**

**ACCOUNT NAME:**

**BRANCH:**

**BRANCH CODE:**

**ACCOUNT NUMBER:**

**NAMES OF STAFF MEMBERS AUTHORIZED TO SUBMIT VISA APPLICATIONS:**

**TRADING REFERENCES:**

**COMPANY:**

**CONTACT PERSON:**

**CONTACT TEL. NO.:**

1.

2.

3.

**AUTHORISED SIGNATORY:**

**DATE:**