

OFFICE OF THE COMMISSIONER FOR ELECTRONIC COMMUNICATIONS AND POSTAL  
REGULATION

THE ELECTRONIC COMMUNICATIONS REGULATION LAW OF 2022

NOTIFICATION STATEMENT FOR REGISTRATION OF A GENERAL AUTHORISATION

**TABLE 1- PURPOSE OF THE NOTIFICATION**

<b>1.1 Commencement of activity for the provision of electronic communications networks and/or services.</b> Please proceed to filling in Tables 2 to 4	
<b>1.2 Changes to the existing Notification Statement for electronic communication networks and/or services .</b> Please proceed to filling in items 2.1 and 2.2 and TABLE 4..	
<b>1.3 Changes to provider identification data, contact person or contact details.</b> Please fill in TABLES 2 and 3.	
<b>1.4 Changes to the commencement date.</b> Pleasefill in items 2.1., 2.2 and TABLE 4.	
<b>1.5 Date of Termination of Activities</b>	

**TABLE 2- PROVIDER IDENTIFICATION DATA**

<b>2.1 Name of the Provider</b>	
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<p><b>2.2 Provider's legal status</b></p> <p>Registration Number of Legal entity Provider</p> <p>Identification or Passport number of natural Person Provider</p> <p>Name under which the provider Operates (please attach registration certificate)</p>	
<p><b>2.3 Geographical address of the provider's main establishment in the EU, if any, and where applicable, any secondary branch in a Member State.</b></p> <p>Street Name and No:City/Town</p> <p>Postal Code</p> <p>Country</p>	
<p><b>2.4 Website address</b></p>	
<p><b>2.5 Email:</b></p>	
<p><b>2.6 Telephone:</b></p>	
<p><b>2.7 Fax:</b></p>	

**TABLE 3-Contact Person and contact details**

<p><b>3.1 Full name of the Contact Person-Contact Person means the person located in the Republic of Cyprus and the Provider's duly authorized by the provider to submit notifications or documents on its behalf. Please attach the Provider's authorisation certificate.</b></p>	
<p><b>3.2 Telephone No. Only if different to point 2.6 above</b></p>	
<p><b>3.3 Fax No. Only if different to point 2.7 above</b></p>	
<p><b>3.4 Geographic address (to be filled in only in case it is different of 2.3)</b></p>	

<b>Street No and Name:</b> <b>City/Town:</b> <b>Postal Code</b>	
<b>3.5 Email Only if different to point 2.5 above</b>	



**TABLE 4 - ΠΕΡΙΓΡΑΦΗ ΔΡΑΣΤΗΡΙΟΤΗΤΩΝ/DESCRIPTION OF ACTIVITIES<sup>1</sup>**

<b>(1) Δίκτυο Ηλεκτρονικών Επικοινωνιών (Παρακαλώ επιλέξτε με βάση τον Πίνακα στο Παράρτημα 2 της Παρούσας Ρυθμιστικής Απόφασης).</b> <b>(1) Electronic Communications Network (Please choose according to the Table shown in Annex 2 of the Regulatory Decision).</b>
<b>(2) Υπηρεσία Ηλεκτρονικών Επικοινωνιών (Παρακαλώ επιλέξτε με βάση τον Πίνακα στο Παράρτημα 2 της Παρούσας Ρυθμιστικής Απόφασης).</b> <b>(2) Electronic Communication Services (Please choose according to the Table shown in Annex 2 of the Regulatory Decision).</b>

<sup>1</sup> Διευκρινίζεται ότι δυνάμει των ορισμών που καθορίζει ο Νόμος για τον «παροχέα» και τις «υπηρεσίες ηλεκτρονικών επικοινωνιών», ο Επίτροπος αδειοδοτεί δραστηριότητες ηλεκτρονικών επικοινωνιών για υπηρεσίες που παρέχονται σε τρίτους έναντι αμοιβής, ενώ η κάθε περίπτωση κρίνεται εξατομικευμένα από τον Επίτροπο. It is clarified that according to the definitions set by the Law on "provider" and "electronic communications services", the Commissioner issues licenses for electronic communications activities for services provided to third parties for a fee, while each case is judged individually by the Commissioner.

<b>(3)Σύντομη Περιγραφή Δικτύου</b>  <b>(3) Short Network Description</b>	
<b>(4)Σύντομη Περιγραφή Υπηρεσίας</b>  <b>(4) Short Service Description</b>	
<b>(5)Γεωγραφική Περιοχή</b>  <b>(5) Geographic Location</b>	

<p><b>(6) Δημόσια Διαθέσιμη Υπηρεσία ή μη Δημόσια Διαθέσιμη Υπηρεσία</b></p> <p><b>(6) Publicly available service or Non publicly available service</b></p>	
<p><b>(7) Παροχή Χονδρικής Υπηρεσίας</b></p> <p><b>(7) Wholesale Service</b></p>	<p>NAI / OXI</p> <p>YES / NO</p>
<p><b>(8) Εκτιμώμενη Ημερομηνία Έναρξης Δραστηριότητας</b></p> <p><b>(8) Estimated activity commencement date</b></p>	

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**Declaration**

I submit this Statement Notification on behalf of the notifying entity and, i declare that the information provided above is accurate and complete in all respects.

Full Name of Signatory:

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Signature:

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Position held (if the notifying undertaking is a legal entity):

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Date: