

## Instructions on how to complete the Online Application for Registering on the Cyprus Medicines Verification System of KOEΦ

(Please fill this application in the English Language or use English characters)

Please fill your details in order to proceed with the suspension

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Old Business Name *	Form Completion Date: *
<input type="text"/>	<input type="text"/>
Old Business Transfer Date *	New Business Name
<input type="text"/>	<input type="text"/>
	Type of Organization *
	<input type="text" value="Retail Pharmacy"/>

With this request, I confirm that the account specified above (named OLD BUSINESS DETAILS) should be suspended from the CyMVS system.

Comments \*

Reasons for change

Name of the requestor *	Email *	Date *
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Business Telephone *	Mobile Telephone *
	<input type="text"/>	<input type="text"/>

Send Request

Fill in the fields in the application registration form. The **Old Business Name** field should be completed with the previous Business Name you wish to delete from KOEF and the filed **Old Business Transfer Date** should be referred to the business transferred date. The **Form Completion Date** field should contain the application's date. If there is a new business registration, you will need to fill the field New Business Name.

If your selection in the Type of Organization field is "other", the **Comments** field should be completed, with a brief description of the Business you wish to register. The **Comments** field should also contain the Reasons for the Account Deletion Request.

The email address is very important and should belong to your Business. You should check this email frequently because, it will be used for two-way communication between KOEΦ and your business.

Upon clicking on the Submit button will receive a link in your email. You will need to follow this link in order to complete your registration. Your application review time will not exceed 10 working days from the date of Submitting your application to KOEΦ.