

__/__/__ (Date)

To: Cyprus Registration Council of Speech-Language Pathologists

Dear colleagues,

Please mark (X) where applicable

- Exemption from payment of professional licence fee for the year _____**
- Permanent exemption**

I, the undersigned _____, ID No. _____ and
Registration No. _____,

hereby inform you that I would like to be exempted from payment of the annual professional licence fee for the year _____ / permanently due to the fact that I am **not** working as a speech-language pathologist/therapist.

I undertake to inform you in writing in the event that I undertake any business activities as a speech-language pathologist/therapist.

I also declare that I am aware that the practice of the profession **without** a professional licence constitutes a **criminal offence** under the current legislation of the Republic of Cyprus [(The Registration of Speech-Language Pathologists Law 136(I)/2001/Part IV/ Article 9(1)].

Yours faithfully,

Signature

(Name & Surname)