

Απόδειξη Είσπραξης  
Receipt

ΣΥΣΤΗΜΑ ΑΛΛΟΔΑΠΩΝ · ALIENS REGISTRATION SYSTEM

Προσωπικός Αριθμός / Personal Identification No.  
05 - 00816845

Όνομα / Name  
ALICIA CONFIADO

Επώνυμο / Surname  
DYCHANGCO

Είδος Εντύπου / Document Type  
MDW1-ELDER/ILL-CH.EMP-2Y (WITHIN 1-4Y)

Γραφείο Είσπραξης / Receiving Office  
LEMESOS

Όνομα Εισπράκτορα / Collector's Name  
Χριστιάνα Κυριάκου

ΥΠΟΥΡΓΕΙΟ ΕΣΩΤΕΡΙΚΩΝ  
MINISTRY OF INTERIOR

ΤΜ. ΑΡΧΕΙΟΥ ΠΛΗΘΥΣΜΟΥ ΚΑΙ ΜΕΤΑΝΑΣΤΕΥΣΗΣ  
CIVIL REGISTRY AND MIGRATION DEPT.



ΚΥΠΡΙΑΚΗ ΔΗΜΟΚΡΑΤΙΑ  
REPUBLIC OF CYPRUS

Ημερομηνία / Date  
21/04/2021

Αρ. Απόδειξης / Receipt No.  
20301769

Αρ. Αίτησης / Application No.  
029361/2021 - B19-01530

Αρ. Εγγράφων / No. Of Documents  
1

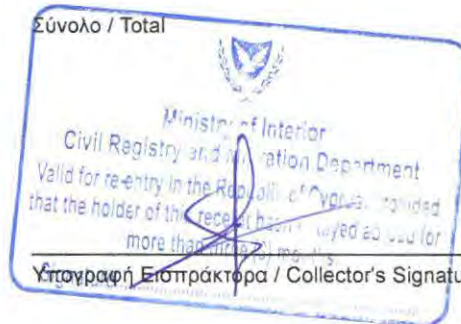
Τιμή Μονάδας / Unit Price  
60,00

Ποσό / Amount  
60,00

Άλλη Χρέωση / Other Charge  
0,00

Πρόστιμο / Penalty

Σύνολο / Total  
60,00 ΕΥΡΩ



Υπογραφή Εισπράκτορα / Collector's Signature

Απόδειξη Παραλαβής Αίτησης  
Application Form Reception Document

ΤΜΗΜΑ ΑΡΧΕΙΟΥ ΠΛΗΘΥΣΜΟΥ  
ΚΑΙ ΜΕΤΑΝΑΣΤΕΥΣΗΣ



ΚΥΠΡΙΑΚΗ ΔΗΜΟΚΡΑΤΙΑ

Προσωπικά στοιχεία / Personal details

ALICIA CONFIADO DYCHANGCO

11.07.1968

0500816845

B19-01530

Όνοματεπώνυμο / Full Name

Ημ. Γενν. / DOB

Αρ. Εγγραφής / ARC No.

Αρ. Φακ. / MP No.

P0169569B

08.01.2029

PHL

FEMALE

Αρ. Ταξ. Εγγράφου / Travel Doc. No.

Ημ. Λήξης / Date of Expiry

Υπηκ. / Nat.

Φύλο / Sex

Στοιχεία Αίτησης/Application details

21.04.2021

MDW

26 - Ανανέωση Λόγω Αλλαγής Εργοδότη/Ιδρύματος/Κλάδου

Ημερομηνία / Date

Έντυπο / Form

Τύπος Αίτησης / Application Type

1025 - Ηλικιωμένος/Ασθενής (2 Έτη)

60,00

Περιγραφή / Description

Ποσό Χρέωσης / Amount Due

Έγγραφα / Documents

ERP2 - Με την διεκπεραίωση της αίτησης

1 από 1

Στάδιο Παραλαβής / Form Reception Stage

Σημειώσεις Αίτησης/Application notes

ΑΠΑΡΑΙΤΗΤΗ Η ΛΗΨΗ ΒΙΟΜΕΤΡΙΚΩΝ ΣΤΟΙΧΕΙΩΝ ΚΑΙ ΥΠΟΓΡΑΦΗΣ /  
BIOMETRIC DATA AND SIGNATURE CAPTURE REQUIRED

Για πληρωμή στο ταμείο / To be paid at the cashier

EYD8EV



€ 60,00

70

Ταμίας / Cashier :

Παρελήφθει από / Received by : Γεωργία Πίτρακκου [ ΚΛΙΜΑΚΙΟ ΥΑΜ ΛΕΜΕΣΟΥ - 21.04.2021 08:08 ]

**CONTRACT OF EMPLOYMENT**

This Agreement done on 20/04/21 between:

Name: Marulla Surname: Athinodorou

Identity Card Number: 78067

Address: 1. 33A, Grigori Alexentiu str, Ay-Zoni, 3025 Limassol  
(Employer's primary residence address)

2. \_\_\_\_\_  
(Employer's secondary residence address)

Telephone Number \_\_\_\_\_ Mobile Phone Number 999 11760

Employer's Registration Number (Social Insurance): \_\_\_\_\_

hereinafter in this Agreement referred to as "the Employer", on the one part

and

Name: Alicia Surname: Dychangco

Nationality: Philippines Gender: Female

Passport Number: P 0169569B Address Abroad: \_\_\_\_\_

hereinafter in this Agreement referred to as "the Employee", on the other part, includes the following:

**1. Post/ Occupation, duration of this agreement and terms of employment:**

**A. Position**

The Employer shall employ the Employee as a domestic worker and the Employee accepts and agrees to such employment, in accordance with the terms and conditions set forth in this Agreement. Housework means every housework performed in the Employer's primary residence and/or any secondary residence.

**B. Duration of this Agreement**

This Agreement shall be in effect for -24- (months/years) from 20/04/21 (date) to 20/04/23 (date), subject to prior termination under the terms and conditions provided by this Agreement.

**C. Terms of Employment**

- (a) The Employee's entry, residence and employment shall be subject to the provisions of the Aliens and Immigration Law and the relevant Regulations, as they may be amended from time to time.
- (b) The Employer shall deposit to the Civil Registry and Migration Department or to the District Offices of the Aliens and Immigration Unit of the Police, a bank guarantee for the amount of €....., for any travel expenses which may arise in case of repatriation of the Employee.

- (c) The Employee shall, upon arrival to Cyprus, and before he/she is granted a Residence and Employment Permit, undergo medical examinations to verify that he/she is free of contagious diseases. The costs shall be paid by the Employer.
- (d) This Agreement shall be terminated in the event that the Director of the of Civil Registry and Migration Department declines to grant a Residence/Work Permit to the Employee, in accordance to the Aliens and Immigration Law.
- (e) The terms contained in the Residence/Work Permit shall form part of this Agreement and shall be binding on both contracting parties.
- (f) Export of currency shall be subject to the provisions of the Exchange Control Law, Cap. 199, including any additional conditions which may be imposed by the Central Bank of Cyprus.
- (g) Any dispute arising in connection to this Agreement shall be governed by the legislation of the Republic of Cyprus in force on the day when the dispute arises.

## **2. The Employee:**

- (a) Shall not, while this Agreement and his/her Residence and Work Permit are in force, be entitled to perform any other duties, nor shall he/she be entitled to work at the same time with another employer other than the specific household.
- (b) Shall perform his/her duties and/or other related duties assigned to him/her and shall use the best of his/her abilities, skills and experience, in accordance to the Employer's instructions and/or any of the Employer's authorised representatives, subject to the terms of this Agreement.
- (c) Shall not divulge or disclose at any time or in any way communicate any confidential information and any other matters concerning the Employer.
- (d) Shall conduct himself/herself at all times with decency and propriety and in particular he/she shall obey and comply with the laws and regulations of the Republic of Cyprus.

## 2.1 Remuneration, Hours of Work and fringe Benefits

### **A. Remuneration/allowances and working hours**

The Employer shall pay the Employee, during the term of this Agreement, a monthly <sup>net.</sup> ~~gross~~ salary of €<sup>40=</sup>..... payable at the end of each month.

Of the above amount a percentage of .....% shall be deducted for Social Insurance purposes together with any deductions provided for accommodation and meals and 50% of the cost for health insurance.

The Employee shall work for 6 days per week for 7 hours per day, either during the day or night as may be required by the Employer from time to time. The Employer shall be obliged to keep record of the working hours.

### **B. Annual Leave**

The Employee shall be entitled to 24 working days annual leave with full pay, in accordance to the Annual Leave Laws of 1967 to 2002, as these are amended from time to time.

### **C. Sick Leave**

The Employee shall be entitled to a 30-day sick leave with full pay. The Employer shall be obliged to pay the difference between the sick leave allowance paid by the Social Insurance Services and the total monthly salary. The first 3 days of sick leave shall not be compensated except where the Employee is hospitalized in a private clinic/hospital.

### **D. Public Holidays**

The Employee shall be entitled to the following official public holidays with full pay:

1. 1<sup>st</sup> of January
2. 6<sup>th</sup> of January
3. Easter Saturday
4. Easter Monday
5. 1<sup>st</sup> of May
6. 15<sup>th</sup> of August
7. 1<sup>st</sup> of October
8. 25<sup>th</sup> of December
9. 26<sup>th</sup> of December

### **3. The Employer:**

#### **A. Accommodation and Food**

The Employer is obliged to provide to the Employee suitable accommodation inside his/her house or elsewhere and food. Where the Employer is providing accommodation and food, he/she is entitled to deduct out of the gross salary of the Employee 10% for accommodation and 15% for food respectively.

#### **B. Insurance**

The Employer shall be obliged to:

- (a) Have an Employers Liability Insurance.
- (b) Provide to the Employee primary and secondary medical care. The cost for the health insurance shall be paid equally by the Employer and the Employee. The way in which the contribution will be paid by the Employee, shall be agreed upon with the Employer and may be paid in monthly installments or in one payment as a lump sum.

#### **C. Bank Account**

The Employer is obliged to open a bank account in Euro solely and exclusively credited in the name of the Employee, for the purpose of depositing the Employee's salary at the end of each month. A copy of the bank account must be submitted to the Civil Registry and Migration Department and/or the Aliens and Immigration Unit of the Police and the competent Services of the Ministry of Labour, Welfare and Social Insurance, whenever requested.

#### **D. Deductions**

The Employer shall not deduct, either directly or indirectly, from the Employee's salary:

- (a) any fees or any part thereof paid / to be paid to the Government of the Republic of Cyprus in respect to the issuance of a Residence and Employment Permit,
- (b) all or any part of the Employee's travelling expenses of first arrival to the Republic of Cyprus and repatriation in the framework of this Agreement,
- (c) any fees or any part thereof paid to an Employment Agency.

#### **E. Social Insurance**

The Employer shall be obliged to pay regularly to the Social Insurance Fund the contribution for the Employee' benefit and all other contributions to any other Funds for which the Social Insurance Services are responsible to collect, in compliance to the provisions of the relevant Social Insurance Legislation. The Employer will undertake to make the necessary arrangements with the District Social Insurance Office.

#### **4. Termination of Contract**

The Contract of Employment may be terminated:

- (a) Upon a mutual agreement between the Employee and the Employer, provided that a release document is completed and signed by both parties, in the presence of witnesses. The mutual termination of the contract may be done at any time after a mutual agreement.

The release agreement allows the employee to search for employment for a period of one (1) month. During the aforementioned period the employee may stay and work at the house of his/her employer, unless there is a mutual agreement for immediate termination. In such a case the Employee shall be obliged to inform the District Aliens and Immigration Unit in respect to his/her temporary address.

- (b) Upon a one-month (1) notice given by either party under the terms and conditions of the Termination of Employment Laws of 1967 to 2002, as these are amended from time to time. During the notice period, the Employer shall facilitate the Employee while searching for employment.
- (c) Forthwith without notice, in accordance with section 5 of the Termination of Employment Law.
- (d) Where the employee is absent from his work due to sick leave, which is not attributed to an accident covered under the Industrial Accidents Act, for more than one month. In such a case, the Employer shall have the right to terminate the employment of the Employee and to make arrangements for the Employee's repatriation if his/her state of health so permits. The Employer shall have no other obligations against the Employee.
- (e) In the case of a labour dispute between the Employee and the Employer. In such a case one of the two parties or both parties separately, may submit in writing a relevant complaint to the District Aliens and Immigration Unit of the Police, as well as the Department of Labour Relations for examination by the Labour Disputes Committee. In the case of criminal offences, all complaints shall be submitted to the Police Station of the area where the alien is residing.

In witness whereof the contracting parties have set their signature in the presence of witnesses on the date first above mentioned.

**Witnesses:**

1. (Signature).....  
(Name in Full)..... Spirida Melinoti

2. (Signature).....  
(Name in Full).....

**The Contracting Parties:**

1. Employer.....  
(Signature)..... MARAELLA ATHINODORA  
(Name in Full)..... Marcella Athinodora

2. Employee.....  
(Signature)..... ANICA DICHANIS  
(Name in Full)..... ANICA DICHANIS

**EMPLOYER'S STATEMENT OF COMPLIANCE IN ACCORDANCE TO THE EMPLOYER'S OBLIGATION TO INFORM EMPLOYEES OF THE TERMS OF THEIR CONTRACT OR WORK RELATIONSHIP LAW OF 2000**

I, Marcella Athinodora in my capacity as Employer in this Contract of Employment, hereby declare that I will comply with the provisions of the Employer's Obligation to Inform Employees of the Terms of their Contract or Work Relationship, Law of 2000, and I will supply the Employee with a copy of the Contract of Employment.

Date: 20/04/21

Employer:

(Signature)..... MARAELLA ATHINODORA  
(Name in Full)..... Marcella Athinodora







ΚΥΠΡΙΑΚΗ ΔΗΜΟΚΡΑΤΙΑ  
ΚΙΒΡΙΣ CUMHURİYETİ  
REPUBLIC OF CYPRUS

Αριθμός Εγγράφου : 463776  
Belge Numarası / Document Number

**Πιστοποιητικό Θανάτου**  
**Ölüm Şahadetnamesi - Death Certificate**

Προσωπικός Αριθμός Εγγραφής 00-00083880  
Şahsı Kayıt No / Personal Identification Number

**Όνομα**  
Adı / Name

**ΓΕΩΡΓΙΟΣ**  
GEORGIOS

**Επώνυμο**  
Soyadı / Surname

**ΚΟΥΚΚΙΔΗΣ**  
COUKKIDES

**Ημερομηνία Θανάτου**  
Ölüm Tarihi / Date of Death

**20/02/2021**

**20 ΦΕΒΡΟΥΑΡΙΟΥ, 2021**  
20 FEBRUARY, 2021

**Τόπος Θανάτου**  
Ölüm Yeri / Place of Death

**ΛΕΜΕΣΟΣ**  
LEMESOS (LIMASSOL)

**Φύλο**  
Cinsiyeti / Sex

**ΑΡΡΕΝ**  
MALE

**Όνομα Πατέρα**  
Baba Adı / Father's Name

**ΚΛΕΩΝ**  
KLEON

**Επώνυμο Πατέρα**  
Baba Soyadı / Father's Surname

**ΚΟΥΚΚΙΔΗΣ**  
KOUKKIDIS

**Τόπος και Ημερομηνία Εγγραφής**  
Kayıt Yeri ve Tarihi / Place and Date of Registration

**ΛΕΜΕΣΟΣ**  
LEMESOS (LIMASSOL)

**03/03/2021**

**Ημερομηνία Έκδοσης**  
Verildiği Tarih / Date of Issue

**04/03/2021**

**Εκδίδουσα Αρχή**  
Veren Makam / Issuing Authority

**ΕΠΙΤΑΓΗΤΗΣ ΛΕΜΕΣΟΥ**  
LEMESOS DISTRICT OFFICER



**Υπογραφή και Σφραγίδα**  
İmza & Mühür / Signature and Stamp

**Μαρίνα Λοΐζου**

Με αυτό πιστοποιείται ότι η πιο πάνω πληροφορία λήφθηκε από το Αρχείο Πληθυσμού.  
Για να είναι έγκυρο το παρόν πιστοποιητικό είναι απαραίτητο να φέρει τη σφραγίδα της αρμόδιας Αρχής και την υπογραφή του Λειτουργού έκδοσης.

Yukarıdaki bilgi Nüfus Arşivinden alındığı tasdik edilir. İşbu şahadetnamenin geçerli olması için, Yetkili makamın mühürünü ve şahadetnameyi veren yetkilinin imzasını taşıması şarttır.

It is hereby certified that the above information was taken from the Registry of Population.  
In order for the present certificate to be valid it has to bear the stamp of the competent authority and signature of the issuing officer.