



REPUBLIC OF CYPRUS  
MINISTRY OF FINANCE



**CUSTOMS & EXCISE**

Form C.P.4

**STATEMENT**

I the undersigned .....

Address: .....

I. D. number/ Passport number: .....

declare that the pharmaceutical products (description).....

.....

.....

.....

.....

which have been found in my possession by Customs today are intended for my personal use and I will not sell any of these pharmaceutical products. I further declare that I undertake the responsibility for any side effects they may have on my health.

The undersigned

.....

*(Name and signature)*

Date: .....