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PART A – AIRLINE CONTACT INFORMATION

Name of Operator / Airline	
Contact Person	
Title	
Telephone Number	
Fax Number	
Email address	
Address	
Signature of company (Official stamp required)	

PART B – SCHEME INFORMATION:

Name of originating airport (Airport Name & Code)	
Flight Commencement Date (Between Jun – Dec 2020)	
Description of route (LCA or PFO)	
Number of flights per week	

IMPORTANT NOTES

1. A separate registration form should be submitted for each route.
2. For details on the incentive schemes please refer to www.mcw.gov.cy or to the corporate section in www.hermesairports.com
3. Upon receipt of the completed form, an acknowledgement will be sent by email. If you do not receive our acknowledgement, please contact Maria Kouroupi at maria.kouroupi@hermesairports.com

FOR HERMES USE ONLY

Received on		AIRN case number	
ELIGIBILITY:			