



APPLICATION FOR THE DOMESTIC USE SPECIAL TARIFF FOR SPECIFIC CATEGORIES OF VULNERABLE CUSTOMERS WITH CODE 08

Applicant / Customer Information		
EAC customer name:		
EAC customer identity card number:		
EAC account number:		
Supply address:		
Postal Code:	Town:	
EAC customer mailing address:		
Post Office Box:	Postal Code:	Town:
Beneficiary's Information of Tariff with Code 08		
Please answer the following questions by crossing what is not applicable and fill in the necessary information		
<p>A. Are you a large/five-member family that receives Child Benefit from the Welfare Benefits Administration Service of the Ministry of Labour, Welfare and Social Insurance for three or more dependent children⁽¹⁾? YES / NO</p> <p>If YES, please fill in the following:</p>		
Name of the beneficiary:		
Identity card number of the beneficiary:		
⁽¹⁾ Dependent children according to the law of the Welfare Benefits Administration Service of the Ministry of Labour, Welfare and Social Insurance.		
<p>B. Are you a Public Assistance recipient from the Social Welfare Services of the Ministry of Labour, Welfare and Social Insurance? YES / NO</p> <p>If YES, please fill in the following:</p>		
Name of the beneficiary:		
Identity card number of the beneficiary:		
<p>C. Are you beneficiary of Guaranteed Minimum Income provided by the Welfare Benefits Administration Service of the Ministry of Labour, Welfare and Social Insurance? YES / NO</p> <p>If YES, please fill in the following:</p>		
Name of the beneficiary:		
Identity card number of the beneficiary:		
<p>D. Are you beneficiary of Severe Motor Disability Allowance from the Department for Social Inclusion of Persons with Disabilities of the Ministry of Labour, Welfare and Social Insurance? YES / NO</p> <p>If YES, please fill in the following:</p>		
Name of the beneficiary:		
Identity card number of the beneficiary:		

<p>E. Are you beneficiary of Care Allowance for Quadriplegic Persons from the Department for Social Inclusion of Persons with Disabilities of the Ministry of Labour, Welfare and Social Insurance? YES / NO</p> <p>If YES, please fill in the following:</p>
Name of the beneficiary:
Identity card number of the beneficiary:
<p>F. Are you beneficiary of Care Allowance for Paraplegic Persons from the Department for Social Inclusion of Persons with Disabilities of the Ministry of Labour, Welfare and Social Insurance? YES / NO</p> <p>If YES, please fill in the following:</p>
Name of the beneficiary:
Identity card number of the beneficiary:
<p>G. Are you a Hemodialysis patient who is beneficiary of the Mobility Allowance from the Department for Social Inclusion of Persons with Disabilities of the Ministry of Labour, Welfare and Social Insurance? YES / NO</p> <p>If YES, please fill in the following:</p>
Name of the beneficiary:
Identity card number of the beneficiary:
<p>H. Are you a person suffering from multiple sclerosis (ms) who is registered member of Cyprus Multiple Sclerosis Association? YES / NO</p> <p>If YES, please fill in the following:</p>
Name of the beneficiary:
Identity card number of the beneficiary:
<p>In case the beneficiary is not the applicant: I confirm that this beneficiary resides with me at my premise.</p>
<p>Based on Article 11 of Law 2001, Law 138 (I)/2001, EAC for the purpose of checking the information in your application, will collect data from three Services of the Ministry of Labour, Welfare and Social Insurance, the Welfare Benefits Administration Service, the Social Welfare Services and from the Department for Social Inclusion of Persons with Disabilities and Cyprus Multiple Sclerosis Association.</p>
<p>I hereby declare that I have received and signed the General Consent Form with which EAC informs me of my rights under the provisions of the General Data Protection Regulation 2016/679 (EU) and the relevant national legislation, as amended or replaced from time to time.</p>
<p>Customer's Declaration</p>
<p>I, and the undersigned, declare, knowing the consequences of the law for a false statement, that the information given in this application is true, accurate and complete and that if there is any change / modification to the above that will not entitle me to be beneficiary of the domestic use special tariff for specific categories of vulnerable customers with code 08*, I will notify immediately EAC for charging the electricity supply to my premise with other domestic tariff that I am entitled to.</p>

* The domestic use special tariff for specific categories of vulnerable customers with code 08 is applicable to each of the following categories of customers provided they are Cypriot citizens or citizens of any other Member Country of the European Union or the European Economic Area or citizens with equal rights to the above, who are legally residing in the areas controlled by the Republic of Cyprus:

1. (a) Large families. For the purpose of this tariff large family is defined as a family that receives Child Benefit from the Welfare Benefits Administration Service of the Ministry of Labour, Welfare and Social Insurance for three or more dependent children and with an annual combined family income of up to €51.258.
 (b) The annual combined family income criterion is increased by €5.126 for every additional child over the number of four.
2. Public Assistance recipients from the Social Welfare Services of the Ministry of Labour, Welfare and Social Insurance.
3. Beneficiaries of Guaranteed Minimum Income provided by the Welfare Benefits Administration Service of the Ministry of Labour, Welfare and Social Insurance.
4. Beneficiaries of Severe Motor Disability Allowance from the Department for Social Inclusion of Persons with Disabilities of the Ministry of Labour, Welfare and Social Insurance.
5. Beneficiaries of Care Allowance for Quadriplegic Persons from the Department for Social Inclusion of Persons with Disabilities of the Ministry of Labour, Welfare and Social Insurance.
6. Beneficiaries of Care Allowance for Paraplegic Persons from the Department for Social Inclusion of Persons with Disabilities of the Ministry of Labour, Welfare and Social Insurance.
7. Hemodialysis patients who are beneficiaries of the Mobility Allowance from the Department for Social Inclusion of Persons with Disabilities of the Ministry of Labour, Welfare and Social Insurance.
8. People suffering from multiple sclerosis (ms) who are registered members of Cyprus Multiple Sclerosis Association.

Signature of applicant / customer:		Date:
Home phone number:	Work phone number:	Mobile phone number:



General Consent Form for Personal Data Processing

I, _____

Identity Card No. _____ (or Passport No. _____ where no EU Identity Card was issued), hereby declare that I give my free, specific, explicit and informed consent to EAC to collect, store and process my Personal Data, in accordance with the General Data Protection Regulation EU 2016/679 and the relevant national legislation as amended from time to time.

I have been informed that:

- EAC will collect, store and process my Personal Data in electronic or printed form for the required duration in each particular case.
- This data may consist of my full name, Identity Card number and/or Passport number and/or Aliens Registration number, my telephone number, fax number, postal address, e-mail address and Premise address, Property Title of Ownership or rental/sales contract, electrical drawings of premise installations, V.A.T. number, C.V., financial statements, IBAN number, Identity Card number of a person eligible for special tariff 08, etc.
- The above Personal Data will be used, depending on each case, only for the purpose of the examination and processing of an application, the provision of services/goods, the setting up of a profile, the evaluation of tenders, drafting of contracts, achieving the aim of a cooperation, processing a job application, employment, providing information, research and statistical analysis.
- The provision of my Personal Data to EAC is a legal and contractual requirement or demand for the drafting of a contract and/or the assessment of any application and refusal to comply may lead to the rejection of my request.
- EAC may forward my Personal Data, to its associates, only if necessary, for legal purposes and/or to the responsible bodies for compliance with the Law.

I understand that I have the following rights related to my Personal Data:

- to be informed about my personal details
- to access my personal details
- to correct or amend my personal details
- to delete my personal details (Right to be forgotten)
- to restrict processing
- to be notified if my personal details are being held
- to data portability
- to object to processing of my personal details
- to object or regulate automated decision making by EAC
- to file a complaint to the Data Protection Commissioner
- to withdraw my consent at any time.

Withdrawal of my consent does not affect the legality of the processing carried out on the basis of the consent given prior to its withdrawal. If EAC, (Data Controller), has a lawful interest in retaining my Personal Data, my request to withdraw or delete them may be declined.

I have also been informed that:

- EAC Personal Data Protection Policy is available at www.eac.com.cy and that
- for any demand/question I can contact the EAC Data Protection Officer at:
EAC Personal Data Protection Officer, P.O. Box 24506, 1399 Nicosia or dataprotection@eac.com.cy