

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				
Identity card number of the beneficiary:				
In case the beneficiary is not the applicant: I confirm that this beneficiary resides with me at my premise.				
EAC for the purpose of checking the information in your application, will collect data from the Government Data Warehouse (GDW).				
Personal Data Protection				
Any personal data provided to the Electricity Authority of Cyprus (EAC) will be stored in an archive and will be lawfully processed by the Data Controller (EAC), in compliance with the provisions of Regulation (EU) 2016/679 as amended, for the purposes of processing my request and/or complaint, as the case may be, either for the performance of a contract to which I am party, or for compliance with a legal obligation to which EAC is subject. EAC will process my personal data securely and confidentially in compliance with its Personal Data Protection Policy, as it is published on EAC website. I am further informed that, among others, I have the right to be informed, to access, to correct or amend and to delete my personal data, as provided in articles 13, 14, 15, 16, 17, 18 and 19 of Regulation (EU) 2016/679, and that I may send a request to EAC, to exercise my rights.				
Customer's Declaration				
I,				

E - ITK - 069-A/3.0

electricity supply to my premise with other domestic tariff that I am entitled to.

- * The domestic use special tariff for specific categories of vulnerable customers with code 08 is applicable to customers who either themselves or other person with whom they live permanently, are included 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. Public Assistance recipients from the Social Welfare Services of the Deputy Ministry of Social Welfare
- 2. Beneficiaries of Guaranteed Minimum Income provided by the Welfare Benefits Administration Service of the Deputy Ministry of Social Welfare
- 3. Large families that receive Child Benefit from the Welfare Benefits Administration Service of the Deputy Ministry of Social Welfare for three or more dependent children
- 4. Beneficiaries of Severe Motor Disability Allowance from the Department for Social Inclusion of Persons with Disabilities of the Deputy Ministry of Social Welfare
- 5. Beneficiaries of Care Allowance for Paraplegic Persons from the Department for Social Inclusion of Persons with Disabilities of the Deputy Ministry of Social Welfare
- **6.** Beneficiaries of Care Allowance for Quadriplegic Persons from the Department for Social Inclusion of Persons with Disabilities of the Deputy Ministry of Social Welfare
- 7. Beneficiaries of Mobility Allowance for hemodialysis patients from the Department for Social Inclusion of Persons with Disabilities of the Deputy Ministry of Social Welfare
- 8. Beneficiaries of Special Allowance for Blind Persons from the Department for Social Inclusion of Persons with Disabilities of the Deputy Ministry of Social Welfare
- 9. Beneficiaries of a Special Monthly Pension from the Patient Relief Fund, whose details will be provided on a continuous basis by the Committee for the Relief of Patients, which operates based on the provisions of the Relief of Patients Law No.114/1998 as amended from time to time or replaced
- **10.** Patients undergoing peritoneal dialysis whose details will be provided by the Health Insurance Organization
- 11. People suffering from multiple sclerosis (ms) whose details will be provided by the Health Insurance Organization
- 12. People after heart transplant surgery whose details will be provided by the Health Insurance Organization
- 13. People with active Acromegaly whose details will be provided by the Health Insurance Organization
- 14. Patients with Cushing syndrome whose details will be provided by the Health Insurance Organization
- 15. People with Pheochromocytoma whose details will be provided by the Health Insurance Organization
- **16.** People with autoimmune diabetic neuropathy whose details will be provided by the Health Insurance Organization
- 17. Patients with permanent tracheostomy whose details will be provided by the Health Insurance Organization
- **18.** Patients with primary or metastatic Central Nervous System tumor (brain or spinal cord) whose details will be provided by the Health Insurance Organization.

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

E - IIK - 069-A/3.0