



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>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 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.</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: