



REPUBLIC OF CYPRUS

TREASURY OF THE REPUBLIC OF  
CYPRUS 1441 NICOSIA

<b>FOR OFFICIAL USE</b>		Serial No:	
<u>Scheme of Increased Compensation for Loss of Pension Rights of the Members of Provident/Pension Funds, whose deposits had been impaired</u>			
<b>APPLICATION BY A MEMBER OF A PROVIDENT/PENSION FUND FOR INCREASED COMPENSATION OF DEPOSITS HELD ON MARCH 26, 2013 AT THE FORMER LAIKI BANK AND THE BANK OF CYPRUS</b>			
<b>A.</b>	<b>APPLICANT'S PERSONAL DATA</b>		
	Name		
	Surname		
	ID No.		
	Social Insurance No.		
	Date of Birth (copy of ID / Passport to be attached)		
	Telephone No.:		
	Street and Number or P.O. Box		
	Building name, apartment number		
	Address Community / Municipality		
	Postal Code		
	Country		
	Name of the Fund to which the applicant was a member of as at 26th of March, 2013		
	Provident Fund Registration No.		
	Recipient of Disability or Invalidation Pension / or Special Allowance to Individuals with Thalassaemia	Tick ✓	
	Employment termination during 26/3/2013-19/7/2017	Tick ✓	
<b>B.</b>	I submit this application in order to request you to remit to my account the amount allotted to me in accordance with the provisions of the Scheme of Increased Compensation of the Loss of Pension Rights of the Members of Provident/Pension Funds, whose deposits had been impaired. I also wish to state that, once this application has been executed, I shall have no further claims from the Republic of Cyprus.		

\_\_\_\_\_  
Applicant's Signature\_\_\_\_\_  
Date

NOTES:-	
(Note 1)	<p>- This application must be accompanied by a filled-in "AUTHORISATION FOR PAYMENTS BY FIMAS" form and a photocopy of part of a Bank statement or a certificate showing the name of the Bank, the owner/beneficiary of the account and the International Bank Account Number (IBAN).</p> <p>- If the application is submitted by the Administrator of the Estate of a deceased beneficiary, the relevant account to be stated must be the one associated to the Administration of the Estate. A Tax Clearance Certificate by the Tax Commissioner must also be provided.</p> <p>- This application may be submitted by members of the Provident Funds who have reached their 65th year of age or beneficiaries of Disability or Invalidity Pension who are not employed persons.</p>
(Note 2)	<p>A document that confirms the date of birth must be attached (ID card or Passport photocopy). In the case of a deceased person, a death certificate and the estate management documents must be attached.</p>
(Note 3)	<p>In the case of members whose employment was terminated during the period 26/3/2013-19/7/2017, a certificate from their employer regarding the date of their employment termination must be attached.</p>
(Note 4)	<p>In the case of members who are beneficiaries of Disability or Invalidity Pension / or Special Allowance to Individuals with Thalassaemia and at the date of the application submission are not employed, the relevant certificates from the Department of Social Insurance Services must be attached.</p>
(Note 5)	<p>With this application, the applicant is informed that:</p> <ul style="list-style-type: none"> <li>• He/She gives his/her free, precise, express and consent to the Treasury of the Republic to collect, keep and processes his/her personal data, in accordance with the EU General Data Protection Regulation 2016/679 and relevant national legislation in force, as they are from time to time amended.</li> <li>• The Treasury of the Republic will collect, keep and process in an electronic or paper format the personal data of the applicant for the time needed to be used for the payment of the increased compensation of deposits held on 26/3/2013 at the former Laiki Bank and the Bank of Cyprus.</li> <li>• The applicant is obligated to provide the Treasury of the Republic with his/her personal data, otherwise possible refusal to provide them may lead to the rejection of his/her application.</li> <li>• The applicant's rights regarding his/her personal data are the right to information, access, correction or amendment, erasure (Right to be forgotten), restriction to process, notification, data portability, opposition to processing, to non-automated individual decision-making by the Treasury of the Republic, complaint to the Commissioner for Personal Data Protection and to revoke his/her consent at any time. It is understood that revoking his/her consent does not impeach the legality of the processing based on his/her consent before it was revoked. In case the Treasury of the Republic as Controller of Processing of Personal Data has a legal interest to maintain the applicant's Personal Data, his/her request for revocation and/or deletion of said personal data may not be accepted.</li> </ul>

Treasury of the Republic of Cyprus  
M. Karaoli & Gr. Afxentiou str. 1441 Nicosia  
Tel.: +357 22602441 - Fax: +357 22605070  
E-mail: [tameiaprnoias@treasury.gov.cy](mailto:tameiaprnoias@treasury.gov.cy)  
Website: <http://www.treasury.gov.cy>



**ACCOUNTANT GENERAL  
OF THE REPUBLIC OF CYPRUS**

1441 - NICOSIA

**AUTHORISATION FOR PAYMENTS BY FIMAS**

I / We hereby authorize you to pay by bank transfer to the account shown below, any amount payable to me / us, by any Government Office, through the **Integrated Financial Management System (FIMAS)** of the Treasury of the Republic.

For this purpose I / we present below the minimum information needed of this bank account held in EURO. In addition, I / we attach a copy of the statement/certificate from the bank, (which does not include any transactions) showing the name of the Bank, the owner / beneficiary of the account and the name of the branch (where applicable), as well as the **International Bank Account Number (IBAN)**.

This authorisation will remain in force unless a written notice is given from me / us.

<b>NAME/ORGANISATION NAME</b>	
<b>PHONE NUMBER</b>	
<b>IDENTIFICATION NUMBER</b> (for Individuals)	
<b>REGISTRATION NUMBER</b> (for Organisation)	
<b>ADDRESS</b> (Street Address & Number or P.O. Box)	
<b>POSTAL CODE</b>	
<b>CITY/TOWN</b>	
<b>BANK NAME</b>	

**INTERNATIONAL BANK ACCOUNT NUMBER**

C	Y																						
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**Note:** The bank account number (IBAN) must be in the name of the beneficiary. An acceptable bank account is if the natural person/beneficiary holds a joint account with another natural person, provided that the photocopy of the bank statement or the bank statement attached to this authorization will show clearly the name of the beneficiary.

If the beneficiary is a legal person, then the bank account must necessarily be wholly owned by the legal person and not jointly with any others.

(Seal)

\_\_\_\_\_  
Signature of Authorising Person

\_\_\_\_\_  
Name of Authorising Person

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

(If the case of legal persons, this authorisation must be stamped next to the name of the authorising person with the legal person's seal)