

Policy Number: \_\_\_\_\_

Agent's Code \_\_\_\_\_ Agent's Name \_\_\_\_\_

**Policy Holder Details**

Name & Surname/Company Name \_\_\_\_\_  
 Identity Card/Passport/Comp. Reg. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Phones \_\_\_\_\_ Email \_\_\_\_\_  
 Correspondence Address: \_\_\_\_\_  
 \_\_\_\_\_ Postal Code \_\_\_\_\_ Town \_\_\_\_\_

**Insured Details**

Name & Surname \_\_\_\_\_  
 Identity Card/Passport \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Town \_\_\_\_\_ Occupation \_\_\_\_\_ Phones \_\_\_\_\_  
 Email \_\_\_\_\_ Marital Status: Single, Married  
 Relationship with Policy Holder \_\_\_\_\_  
 Correspondence Address: \_\_\_\_\_  
 \_\_\_\_\_ Postal Code \_\_\_\_\_ Town \_\_\_\_\_

**Choice of an Insurance Plan**

Please indicate with  the insurance policy you prefer:  
 Plans Student \_\_\_\_\_ Silver \_\_\_\_\_ Gold \_\_\_\_\_ Platinum \_\_\_\_\_ World wide \_\_\_\_\_ OTHER \_\_\_\_\_  
 Coverage: Hospital Care: \_\_\_\_\_ Customised Plan: \_\_\_\_\_ OTHER \_\_\_\_\_ Second Medical Opinion: \_\_\_\_\_  
 Deductible Amount for Hospital Care NO \_\_\_\_\_ YES \_\_\_\_\_ 500€ \_\_\_\_\_ 1000€ \_\_\_\_\_ 2000€ \_\_\_\_\_ 3000€ \_\_\_\_\_ 5000€ \_\_\_\_\_ 10.000€ \_\_\_\_\_ 15.000€ \_\_\_\_\_ OTHER \_\_\_\_\_

**Premium Payment Methods**

Payment Frequency \_\_\_\_\_ Annually \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_  
 Method of Payment \_\_\_\_\_ Cash \_\_\_\_\_ Direct Debit \_\_\_\_\_  
 Premium € \_\_\_\_\_ Deposit: \_\_\_\_\_ Date: \_\_\_\_\_

**Period of Insurance**

from \_\_\_\_\_ to \_\_\_\_\_

**Dependants Details**

Please note that only the spouse and legally unmarried children under the age of (18) or serving their Military Services or who are students in Cyprus and less than the age of (25) may be included as dependants in the insurance plan.

S/N	FIRST NAME	SURNAME	DATE OF BIRTH	HEIGHT (cm)	WEIGHT (kg)	OCCUPATION	I.D NO	RELATION TO POLICY HOLDER



**CONSENT ACCORDING TO THE PROCESSING OF PERSONAL DATA (PROTECTION OF NATURAL PERSONS) REGULATION (EU) 2016/679.**

According to the provisions of the processing of personal data (protection of natural persons) Regulation (EU) No.2016 / 679, Ypera Insurance Co Ltd (hereafter Ypera) has the obligation and responsibility to ensure that personal data relating to you are legitimately processed, whether are given or will be given at any given time in the future, in accordance with the above stated Regulation.

The data Controller in the context of its activities will proceed with the fully or partially automated processing of personal data, as well as the non-automated processing of such data, whether they belong to the special categories of personal data (sensitive) of Article 9 of Regulation (EU) 2016/679 which include health data, or not, and which are included and/or are to be included in a filing system that is relevant and will be limited to what is necessary for the purposes for which they are submitted and will be updates at reasonable intervals. The main purpose of the processing is to provide the services requested by the Proposer through this Proposal and, if any insurance policy is subsequently issued, to examine any claim submitted.

Ypera will transmit the personal data concerning you to a third party to the extent that this is required as a contractual necessity, due to legal obligations and/or protection of its legitimate interest, with which confidentiality agreements are observed for the performance of their duties. Data processing is confidential and as such will only be carried out by persons under the control of the Controller and only at his command in a way that guarantees their security. Any personal data will not be disclosed to third parties, except in cases where the law allows and/or requires it and /or where there is any further express consent from you.

**I. RIGHTS OF INSURED PERSON AND / OR POTENTIAL TO BE INSURED PERSON**

- Revoke your consent to process your personal data (it is understood that withdrawal of consent does not affect the legitimacy of the processing based on your consent given prior to revocation).
- Receive a confirmation from the Controller that your personal data collected and related to you are being processed, if this is not the case, you also have the right to access and update this data upon your request.
- Request from the Controller to correct any inaccurate data and/or duly complete your personal data.
- Request from the Controller to delete or restrict the processing of personal data concerning you without undue delay if they are no longer necessary in relation to the purpose they have been collected or submitted, if you withdraw your consent, if you object to processed, or if there are no longer any imperative and legitimate reasons for processing, if an unlawful processing has been performed, if the data is to be deleted under Law or if you question the accuracy of the data and their limitation until they are verified by the Controller. Subject to the exceptions of Articles 17 (3) and 18 (2) of the Regulation.
- Receive your personal data that you have provided to the Controller in a readable electronic form and forward them to another processor without objection from the Controller to whom they were provided. Also ask for the direct transmission of personal data from one Controller to another, if technically feasible.

Your above stated rights could be exercised with your written request to the Data Protection Officer via fax: 24 828290 or via email to [DPO@ypera.com.cy](mailto:DPO@ypera.com.cy) or via registered mail at Medousis Street 2, 6059 Larnaca. The DPO is obliged to respond within one (1) month of receipt of your request. This period may be extended by two (2) more months, if necessary, taking into account the complexity of the request and/or the sum of your requests. You can learn more about how we process personal data by reading our [GDPR policy available at www.ypera.com.cy/gdpr](http://www.ypera.com.cy/gdpr)

**II. REFUSAL OF CONSENT**

Denial of your consent to the collection and processing of your personal data, Ypera Insurance Co Ltd will have the right to reject the insurance proposal or the additional act, since it will not be able to examine it or terminate the policy or reject a claim for compensation.

**III. STATEMENT**

I have duly read and fully understand the content of this statement and with free will I sign it by giving my explicit consent for the collection and processing of my personal data by the controller in accordance with the Law and Regulation (EU).

\_\_\_\_\_

Full Name	ID card	Signature	e-Signature	Date
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**The declarant**

Optional consent to receive information and/or promotional material and/or information about the insurance contract and/or transaction and/or the insurance company; as well as for the promotion and sale of materials and/or intangible goods and both services and remote services provided by Ypera Insurance Co. Ltd.

I hereby explicitly declare that I agree to receive from me the above-mentioned information.

Optional consent to receive informative and/or advertising material and/or any other information about the insurance contract and/or transaction and/or about the insurance company, as well as for the promotion and sale of material and/or intangible products and goods & services remotely by Ypera Insurance Co Ltd

YES  NO

## Declaration

We declare that besides the above, any other information obtained from me/us remains the same as the information I/ we have already provided to you in my/our previous proposal. We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatever has been withheld which might increase the risk of **Ypera Insurance Co. Ltd** or influence the acceptance of this Proposal and should the above particulars alter in any way I/we will advise **Ypera Insurance Co. Ltd** as soon as practicable. I/we understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal may result in **Ypera Insurance Co. Ltd** refusing to provide indemnity or voiding the policy in every respect. I/we hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into.

Signed In \_\_\_\_\_ on the \_\_\_\_\_

Insured's Signature \_\_\_\_\_ Policy Holder's Signature \_\_\_\_\_

e-Signature \_\_\_\_\_ Date \_\_\_\_\_

## Agent's Declaration

I hereby declare that all necessary explanations/clarifications have been given to the Insured person and the Proposer and that I do not know anything else that could affect the decision of the Company in connection with the insurability of the main insured person and of the insured dependants.

Date: \_\_\_\_\_ Agent's Full Name: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Agent's Code Number: \_\_\_\_\_

e-Signature \_\_\_\_\_ Date \_\_\_\_\_