



ΤΑΜΕΙΟ ΠΡΟΝΟΙΑΣ ΥΠΑΛΛΗΛΩΝ
ΞΕΝΟΔΟΧΕΙΑΚΗΣ ΒΙΟΜΗΧΑΝΙΑΣ

APPLICATION FOR WITHDRAWAL OF CONTRIBUTIONS

I, the undersigned, hereby request to collect the Provident Fund credited to my account in accordance with the Fund Regulations.

INFORMATION OF THE APPLICANT

Full Name:

Soc. Ins. No.: Id. No.: Date of Birth:

Address the cheque to be send to:

District Area: Postal Code:

Telephone No.: Mobile No.:

Email:

SERVICE IN THE HOTELS

S/N	Name of the Hotel	Employment Date	From	Until
1.
2.
3.
4.

I have permanently withdrawn from the Hotel Industry for the following reasons:

I wish you to handle my cheque as follows:

(A) To be sent by post in my address Or

(B) To be deposit in my account of Bank and I am sending you my IBAN number

☐☐

I hereby declare that the above information is correct.

Date: Signature

Statement of Union:

*** The application must necessarily be accompanied by a copy of the identity card.**

Privacy Notice: The Hotel Employees Provident Fund ("Fund") processes the personal data collected through this form for the purposes of administering the provident fund in accordance with the requirements of the Provident Fund Law 208(I)/2012 subsequent amendments and related regulations. The Fund shall take all appropriate measures to protect individuals with regard to the processing of personal data in a way which guarantees the appropriate security of personal data, including the protection against unauthorized or unlawful processing and accidental loss, destruction or deterioration. The Fund has documented and implemented a Data Protection Policy compatible with the General Data Protection Regulation ("GDPR"). More information on, inter alia, the data protection policy of the Fund, the necessary disclosures and the individuals' rights to data protection are available at the Fund's Head Office and also published on the Fund's website www.hepfund.com.cy <<http://www.hepfund.com.cy>>.

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