



ΤΑΜΕΙΟ ΠΡΟΝΟΙΑΣ ΥΠΑΛΛΗΛΩΝ
ΞΕΝΟΔΟΧΕΙΑΚΗΣ ΒΙΟΜΗΧΑΝΙΑΣ

APPLICATION FOR NEW MEMBER REGISTRATION

Full Name:

Identity Card No Social Ins. No.:

Date of Birth:

Address:

..... Postal Code:

P.O. Box: Town:

Telephone No.: Mobile No.:

Fax

Email:

Please place an X at the below:

☐ I confirm I have received a copy of the Articles of Association of the Hotel Employees Provident Fund, I have examined it thoroughly and I fully understand and agree with its content.

Date: Signature

For anything related to the Provident Fund, you will be informed from the website www.hepfund.com.cy and your personal account with the codes that we will provide you.

*** 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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Xenios Building, P.O. Box 26566, CY-1640 Nicosia, Cyprus, T +357-22458000, F: +357-22458001 | Email: info@hepfund.com.cy