



REPUBLIC OF CYPRUS  
MINISTRY OF HEALTH

NATIONAL VACCINATIONS PLAN FOR COVID-19

DOCUMENT FOR THE VACCINATION OF CITIZENS WHO ARE NOT GHS BENEFICIARIES

**PART I: PERSONAL DATA OF APPLICANT**

Name: ..... Surname: .....

Date of Birth: ...../...../.....

Identification Card No. or ALIENS REGISTRATION CARD NUMBER- ARC  
(A copy to be submitted): .....

Nationality: .....

Profession: .....

Residency Address: ....., No.: ....., Town/Village: .....

Postal Code: ....., District: ....., Country: .....

Tel. No.: ....., E-mail: .....

I am a Medical Card holder YES/NO (If YES a copy to be submitted)

**PART II: RESPONSIBLE DECLARATION**

I declare responsibly that the above data is true. I authorize the Ministry of Health to verify in cooperation with other Responsible Authorities of the Republic, with Organisations/Bodies/Companies any of the data of my application deemed necessary.

I, the undersigned, declare that:

1. I give the present authorization in the framework of my registration to the Vaccinations Portal for COVID 19.
2. I understand that the above information which concern me and the above information given to the Ministry of Health is necessary in order for my application for registration to the Vaccinations Portal for COVID-19 to be assessed.
3. In case of revocation of the present application, I am obliged to inform immediately the Permanent Secretary of the Ministry of Health.

**PART III: PERSONAL DATA**

The content of the present document is governed by the provisions of the Regulation (EU) 2016/679 of the European Parliament and the Council of the 27th of April 2016, on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) and the «Law on the Protection of Physical Persons Against the Processing of Data of Personal Character and the Free Movement of Data of 2018 (L.125(I)/2018)».