

(for official use)

Application No ET.....



REPUBLIC OF CYPRUS



Date of Receipt:

.....

MINISTRY OF LABOUR, WELFARE AND SOCIAL INSURANCE  
WELFARE BENEFITS ADMINISTRATION SERVICE

**APPLICATION FOR CHILD BENEFIT AND SINGLE PARENT BENEFIT FOR THE YEAR 20 - -**

*Before completing the form, please carefully read the instructions in the relevant information leaflet*

**Please fill in the applicable details in BLOCK LETTERS**

<b>1. APPLICANT'S DETAILS</b> (please fill in what is applicable)			
Identity Card No.	<input type="text"/>	Social Insurance No (SIN)	<input type="text"/>
Alien Registration No.(ARC)	<input type="text"/>		
Passport No.	<input type="text"/>	Country of Issue	<input type="text"/>
Name	<input type="text"/>		
Surname	<input type="text"/>		
Nationality	<input type="text"/>		
Date of Birth	<input type="text"/>	Country of Birth	<input type="text"/>
E-mail	<input type="text"/>		
Home phone No	<input type="text"/>	Mobile Telephone No	<input type="text"/>
Single <input type="checkbox"/> Living together <input type="checkbox"/> Married <input type="checkbox"/> (Date of marriage: ...../...../.....) Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widower/widow <input type="checkbox"/> Spouse declared as missing <input type="checkbox"/> Spouse serving a sentence of imprisonment <input type="checkbox"/>			
<b>Indicate whether you are applying also for single parent benefit</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<p>A single parent family is a family where a lone parent is without a spouse / person living together, having at least one dependent child, either from marriage or outside marriage and lives by himself/herself because he/she is unmarried, widowed, divorced or because one of the parents has been declared as missing or is serving a sentence of imprisonment more than six months.</p> <p>It should be noted that the beneficiary of the single parent benefit must inform in writing the Service in case he/she got married or lives together with someone, within one month of the change in the family situation or is absent abroad for a period exceeding one month.</p>			
<b>STATUS OF THE APPLICANT</b>			
Self employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Salaried	<input type="checkbox"/>	Pensioner	<input type="checkbox"/>
Profession during the year which precedes the year of application submission .....	Other .....		<input type="checkbox"/>

**FOR OFFICIAL USE**  
*(Not to be completed by the applicants)*

ET - Approved/ Rejected

EMO - Approved/ Rejected

Date: .....Signature:.....

Date: .....Signature:.....

Remarks: .....

Remarks: .....

.....

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## 2. DETAILS OF SPOUSE / PERSON LIVING TOGETHER (to be filled where applicable)

Identity Card No.	<input type="text"/>	Social Insurance No. (SIN)	<input type="text"/>
Alien Registration No (ARC)	<input type="text"/>		
Passport No.	<input type="text"/>	Country of issue	<input type="text"/>
Name	<input type="text"/>		
Surname	<input type="text"/>		
Nationality	<input type="text"/>		
Date of Birth	<input type="text"/>		
E-mail	<input type="text"/>		
Home Phone No	<input type="text"/>	Mobile Telephone No	<input type="text"/>

### STATUS OF SPOUSE / PERSON LIVING TOGETHER

Self employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Salaried	<input type="checkbox"/>	Pensioner	<input type="checkbox"/>
Profession during the year which precedes the year of application submission .....		Other .....	<input type="checkbox"/>

Please indicate with  if the spouse lives in the same house with you

## 3. HOME ADDRESS

Street	<input type="text"/>		
Number	<input type="text"/>	Flat	<input type="text"/>
		Name of Building	<input type="text"/>
Municipality/Community	<input type="text"/>		
Postal Code	<input type="text"/>	District	<input type="text"/>
P.O.Box	<input type="text"/>	Postal Code	<input type="text"/>

## 4. INFORMATION ON THE PLACE OF RESIDENCE

Indicate whether your family has its usual place of residence in the areas controlled by the Republic of Cyprus for at least three consecutive years prior to the year that this application refers to: **YES**  **NO**

If the family lived abroad during the last three years, please indicate **the country of residence:** ..... **and the date of arrival in Cyprus:** .....



## 7. ANNUAL GROSS FAMILY INCOME FOR THE YEAR PRIOR TO THE YEAR OF APPLICATION SUBMISSION

Please declare the annual income earned in Cyprus and / or abroad in the year which precedes the year of application submission by the applicant, his/her spouse/person living together and the dependent children living in the same house.

**DO NOT** declare any income from pensions / allowances / benefits from the Welfare Benefits Administration Service, the Social Insurance Fund, the Holiday Fund, the Social Welfare Services, the Cyprus Organisation of Agricultural Payments and benefits received under the Relief of Afflicted Persons Law, which will be taken into account in the calculation of family income. The previously mentioned sources of income are obtained and will be included towards the calculation of the gross family income on the basis of the data held in the competent departments and services.

Annual Income *		Applicant	Spouse	Children
1. Income from salaried employment (gross earnings) (incl. 13th and 14th salary)		€	€	
2. For the <u>self-employed</u> , please indicate the Accounting Profit for the year which precedes the year of application submission		€	€	
3. Gifts, gratuities, commissions and other		€	€	
4. Dividends from shares in public and / or private companies		€	€	€
5. Interest: deposits / bonds / securities		€	€	€
6. Alimony (if divorced)		€	€	€
7. Pensions from a Professional Pension Scheme (including the Treasury of the Republic)	Name of the professional pension scheme ..... .....	€ ..... .....	€ ..... .....	
8. Pensions from Individual Insurance / Pension Plan (excluding the Social Insurance Fund)	Name of the Insurance Institution ..... .....	€ ..... .....	€ ..... .....	
9. Pensions / benefits received from abroad	Foreign Countries ..... .....	€ ..... .....	€ ..... .....	
10. Grant for Professional Training and / or Acquiring Work Experience		€	€	€
11. Income from immovable property (rent)		€	€	€
12. Rent allowance			€	
13. Annual income from any other source .....		€	€	€

\*The following are not included in the calculation of family income: any income from the employment of a child receiving regular education, the child benefit, the student grant, student welfare and scholarships and allowances / grants to afflicted persons with disabilities or chronic diseases (excluding Minimum Guaranteed Income and Public Assistance which are included in the calculation of the family income).

### NOTE

In case that no income has been declared, please state the financial sources of living of the family for the year which precedes the year of application submission .....

**8. ASSETS**

The applicant, his/her spouse/person living together and dependent children must declare the assets they hold in Cyprus and/or abroad:

<b>8a. DEPOSITS / FIXED-TERM DEPOSITS</b> (Indicate the Licenced Credit Institutions in Cyprus and abroad)			
S/N	Credit Institution	Beneficiary	Current Account Balance €
1			
2			
3			
4			

<b>8b. SHARES / SECURITIES / BONDS</b> (The value of shares / bonds / securities to be reported at nominal value)				
S/N	Company Name	Beneficiary	Number	Nominal Value €
1				
2				

<b>8c. IMMOVABLE PROPERTY IN THE REPUBLIC</b> (In the areas of the Republic of Cyprus under the control of the Government of the Republic of Cyprus)						
<b><u>INFORMATION ON THE PRIVATELY-OWNED RESIDENCE WHERE THE APPLICANT LIVES</u></b>						
S/N	Owner	Municipality / Community	Share	Reg. No	Plot no.	Folio/Sheet
1						
2						
<b>Declaration of other Immovable Property</b> (e.g. house, apartment, shop, block of flats, building plot, rural plot)						
1						
2						
3						
4						
5						
<b>8d. <u>IMMOVABLE PROPERTY ABROAD</u></b>						
S/N	Description of Property (e.g. house, apartment, shop, block of flats, building plot, rural plot)	Owner	Country / Town	Share	Value €	
1						
2						
3						

**IMPORATANT NOTE**

The applicant / beneficiary must inform in writing the Service of any change in the situation of the family or of the conditions and factors affecting the right to the payment of a benefit within one (1) month of the change.

## SOLEMN DECLARATION

I hereby solemnly declare that the above is true. If I make a false declaration, I realize that I shall be guilty of an offence and on conviction I am liable to a fine not exceeding € 40.000 or to imprisonment not exceeding two years or to both such penalties. I also realize that if I am paid an allowance unduly, without being entitled to it, I shall be obliged to return it.

Provided that, concerning Part 8 of the form concerning the assets of the family, their total value, to the best of my knowledge and the available information I have before me, I declare that it does not exceed the total amount of € 1.200.000, at current market prices.

If I request the single parent benefit (part 1 of the form), I hereby declare that I live with a dependent / child / children, alone without a spouse or partner or person living together with me. In this regard I allow the Welfare Benefits Administration Service or in cooperation with competent authorities of the State to check my marital situation at any time and without notice.

I pledge that if my income, assets, family circumstances or any other element included in the application change, I shall inform accordingly the Welfare Benefits Administration Service within one month.

I authorise the Welfare Benefits Administration Service of the Ministry of Labour, Welfare and Social Insurance, to verify in cooperation with other competent authorities of the Republic, or with corresponding competent bodies abroad as well as in cooperation with licenced credit institutions, any details contained in my application, which it deems necessary.

**It should be noted that for the purpose of examining the application / declaration the Authorisation Form, which is part of this application, must be duly completed by the applicant, his/her spouse/person living together and dependent adult children. The Authorisation Form is not required to be completed by whoever has already completed and submitted it with their application for the child benefit in any previous year. In case that the composition of the family has been differentiated (ex. new husband/person living together and/or a dependent child has become an adult as defined by the law), then Authorisation Form has to be completed by the persons that differentiate the composition of the family.**

**I authorise the Welfare Benefits Administration Service of the Ministry of Labour, Welfare and Social Insurance, to use the Authorisation Form that I have completed and submitted with my application for the child benefit in any previous year for the purposes of the authorisation itself.**

It is further noted that the information contained in this application and the Authorisation Form may be used for the creation of a Registry of the Guaranteed Minimum Income and / or other benefits and / social grants, and / or to record and / or keep it in this registry, in accordance with the provisions of the Guaranteed Minimum Income and generally the Social Benefits Law (N.109 (I) / 2014 with its amendments since then).

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Application date

Signature of the Applicant

Signature of the Spouse/person living together

**INFORMATION GIVEN UNDER ARTICLE 11 OF THE PROCESSING OF PERSONAL DATA (PROTECTION OF THE INDIVIDUAL)  
LAW OF 2001 (Law N.138 (I) / 2001)**

The personal data concerning my person and given by me shall be kept in a filing system and be subject to lawful processing in the meaning of the Processing of Personal Data (Protection of the Individual) Law, N. 138 (I) / 2001, as applicable, by the Controller who is the Welfare Benefits Administration Service, for the purpose of examining my application for child benefit.

The recipients of the data shall be the competent personnel of the Service for the Management of Welfare Benefits. The personal data included in the file systems kept by the Welfare Benefits Administration Service, may be communicated or transmitted between the government services concerned. The management and processing of my personal data shall be done securely and confidentially and shall be subject to the relevant provisions of the legislation in force.

I am also informed that I have the right to information, access and objection given under sections 11, 12 and 13 of Law 138 (I) / 2001 in respect of which I can apply to the Controller (the Welfare Benefits Administration Service). In case of any disagreement / objection on my part regarding the further storage and / or conduct of communication by certain means, I have the right to communicate same to the Service for the Management of Welfare Benefits.

## **CERTIFICATE OF DIVIDENDS**

Details to be provided for each member of the family who is shareholder in a privately-owned company:

COMPANY NAME.....

It is hereby certified that during the year which precedes the year of application submission, the following **gross dividend** of the profits of the company irrespective of the financial year was paid or credited to the account of the following shareholders:

Name and surname of Shareholder	Identity card No.	Gross Dividend (€)

The Certifying Officer

Date .....

(Seal and signature of the company's accountant/secretary/auditor)

Full name of the company's accountant/secretary/auditor.....

**EMPLOYER'S CERTIFICATE FOR THE APPLICANT**

This is to certify that Mr/Mrs .....with Id. Card / Alien's Registration (ARC) No .....  
was employed in the firm/company .....  
for the period of the year, prior to the year of application submission, from ..... to .....  
and the total of his/her gross earnings, including 13th/14th salary and overtime was € .....

The Certifying Officer

.....

(Seal and signature)

Full name .....

Position ..... Date .....

**EMPLOYER'S CERTIFICATE FOR THE SPOUSE / PERSON LIVING TOGETHER WITH THE APPLICANT**

This is to certify that Mr/Mrs .....with Id. Card / Alien's Registration (ARC) No .....  
was employed in the firm/company .....  
for the period of the year, prior to the year of application submission, from ..... to .....  
and the total of his/her gross earnings, including 13th/14th salary and overtime was € .....

The Certifying Officer

.....

(Seal and signature)

Full name .....

Position ..... Date .....

**SOCIAL INSURANCE DETAILS of a citizen that was employed/continues to be employed in a European Union (EU) Member State, the European Economic Area (EEA) or in Switzerland**

Please state whether you or your spouse/person living together exercise or exercised any salaried or non- salaried activity in another Member State of the European Union (EU) or the European Economic Area (EEA) or Switzerland: YES  NO

Please indicate the state and home address: .....

Applicant's insurance No.:..... Insurance period: From ...../...../..... to ...../...../.....

Insurance No of spouse/person living together:..... Insurance period: From ...../...../..... to ...../...../.....

Please state whether you or your spouse/person living together receive any of the benefits / pensions provided by any other member state of the EU, the EEA, or Switzerland: Child benefit , Sickness Benefit , Unemployment Benefit , Maternity Benefit , Old Age Pension , Widow's /Widowers' Pension , Disability Pension , Other .....

Give name of the State:.....

**Please attach a copy of the national identity cards (both sides) and a copy of the passports of the applicant and the spouse/person living together.**

**To be completed ONLY by GREEK CITIZENS OR PERSONS THAT WERE EMPLOYED / CONTINUE TO BE EMPLOYED IN GREECE**

Please complete the following and attach your Tax Return for the year which precedes the year of application submission :

	Applicant	Spouse/Person living together
<b>Insurance Organisation</b>	.....	.....
<b>No. of Insurance Register *</b>	.....	.....
<b>Social Insurance Number</b>	.....	.....
<b>Tax Register No</b>	.....	.....
<b>Organisation of Agricultural Insurance No</b>	.....	.....
<b>Home Address in Greece</b>	.....	.....

\* In case the Insurance Number of the applicant and the spouse/person living together is the same then one of them should submit copy of their Insurance Booklet.



**MINISTRY OF LABOUR, WELFARE AND SOCIAL INSURANCE  
WELFARE BENEFITS ADMINISTRATION SERVICE**

**AUTHORISATION FORM**

I / we the undersigned expressly authorise all licenced credit institutions (hereinafter to be referred to as "LCI") as defined in the Operations of Credit Institutions Laws of 1997, as amended from time, to provide to the Head of the Welfare Benefits Administration Service (hereinafter "WBAS"), the information as well as any other of my/our personal data held by each LCI, that are absolutely essential and relevant to the purpose of their collection regarding all accounts of any form I/we maintain with any LCI (e.g. deposit, current, term deposit accounts), as may be requested by the Head of WBAS for both of the undersigned and the minor children of the applicant and his/her spouse.

I / we the undersigned declare that:

1. We give this authorisation in the context of my/our application for the granting of benefits paid under the Child Benefit Laws of 2002-2015 and the Minimum Guaranteed Income and generally the Social Benefits Laws of 2014-2015.
2. I/we understand that the above information concerning me/us and the above information from the LCI to the WBAS is necessary to enable the assessment or confirmation of the details contained in the application regarding the financial assets I/we maintain in these LCIs and/or confirmation that I/we continue to be beneficiary/ies as defined in the Law.
3. In case of withdrawal of this authorisation I/we are obliged to inform immediately the Head of the WBAS.

Applicant	Spouse/Person living together
Name: _____	Name: _____
Surname: _____	Surname: _____
ID.C.No/ARC: _____	ID.C.No/ARC: _____
Signature: _____	Signature: _____
Date: _____	Date: _____
Dependent children (above 18 years) for which the payment of child benefit is requested*	
Name: _____	Name: _____
Surname: _____	Surname: _____
ID.C.No/ARC: _____	ID.C.No/ARC: _____
Signature: _____	Signature: _____
Date: _____	Date: _____
Name: _____	Name: _____
Surname: _____	Surname: _____
ID.C.No/ARC: _____	ID.C.No/ARC: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

\*children aged from 18 to 19 years who continue to study in secondary schools and children of 18 to 21 years if they are doing their military service in the National Guard.

**Note: The Authorisation Form is not required to be completed by whoever has already completed and submitted it with their application for the child benefit for any year prior to the year of submission of the present application. In case that the composition of the family has been differentiated (ex. new husband/person living together and/or a dependent child has become an adult as defined by the law), then the Authorisation Form has to be completed by the persons that differentiate the composition of the family.**