

**Application form for assistance from the
Benevolent Fund of the Institute of Certified
Public Accountants of Cyprus**



1.	<p><u>Applicant's Details</u></p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>_____ Postal Code _____</p> <p>Telephone _____ Date of Birth _____</p> <p>E-mail _____</p> <p>Current employment status _____</p> <p>_____</p> <p>Name of Beneficiary _____</p> <p>ICPAC Reg. Num. (Beneficiary) _____</p> <table border="1" style="float: right; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> <p>(Member / Student / Graduate Accountant)</p> <p>Relationship to the Beneficiary _____</p>								
2.	<p><u>Nature of Assistance you apply for:</u> <i>(note ✓ what is applicable)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40px; text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td>Reduce Subscription Member / Student / Graduate Accountant / due to unemployment</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td>Financial Support to dependents of Member / Student / Graduate Accountant</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td>Other Monetary support to Member / Student / Graduate Accountant</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td>Other Support (Please define) _____</td> </tr> </table>	<input type="checkbox"/>	Reduce Subscription Member / Student / Graduate Accountant / due to unemployment	<input type="checkbox"/>	Financial Support to dependents of Member / Student / Graduate Accountant	<input type="checkbox"/>	Other Monetary support to Member / Student / Graduate Accountant	<input type="checkbox"/>	Other Support (Please define) _____
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3. **Specify the reason for which you are requesting assistance from the Benevolent Fund of ICPAC (note ✓ what is appropriate):**

Unemployed	
Additional Information	<p>I am unemployed from _____ to _____ (please attached relevant documentation for the Ministry of Labour Welfare and Social Insurance).</p> <p>Name of Last Employer: _____</p> <p>Reason for leaving the last employer:</p> <p>Compensation plan <input type="checkbox"/></p> <p>Redundant personnel <input type="checkbox"/></p> <p>Retirement Plan <input type="checkbox"/></p> <p>Other Reason</p> <p>_____</p> <p>_____</p>

Health Reason	
Additional Information	<p>Briefly describe the health reasons for which you submit your application (the Benevolent Fund Administrative Committee retains the right to request additional information / documents if deemed necessary for the objective evaluation of your application).</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Death

Relationship with the Member / Student / Graduate Accountant who has passed away

Spouse Father Mother

Date of Death _____

Useful additional information:

Married

Number of Dependants

Number of Children

4. Additional Information

Have you made a previous application for assistance from this Benevolent Fund? YES NO

In case your answer is YES then please provide more details:

Have you received previously assistance from ICPAC's Benevolent Fund? YES NO

In case your answer is YES then please provide more details:

I Have received support from the Benevolent Fund

From _____ to _____

Reason for support _____

Have you applied for or received assistance from any other Society of person? YES NO

In case your answer is YES then please provide more details:

Please note ✓ where applicable

When submitting the application, I receive other income from

Amounts to € _____ monthly.

I do not receive any other income, when submitting the application.

Useful additional information:

Married

Number of Dependants

Number of Children

Note: the additional information is provided for the purpose of better evaluating your application.

5. Please provide any other information you consider helpful in support you application

6. **Declaration**

I hereby declare that, the information contained in this form is true, accurate and complete.

I am aware that any false or misleading declaration on this form may lead to disciplinary action against me or may render any decision taken on this application null and void.

I agree with the Paragraph 7 below in relation to the personal data processing and privacy information notice.

I have not been convicted for any criminal, disciplinary or other disgracing offence nor do I have declared bankruptcy.

Signature _____ Date _____

7. **Privacy Notice**

In line with the requirements of the EU privacy regulation ("GDPR") and all other applicable legislative or regulatory privacy framework, we inform you that the ICPAC Members Benevolent Fund (hereafter "MBF"), collects, stores, processes and uses your personal data as outlined below. As part of our operational processes which affect you, we process personal data relying on one or more of applicable legal bases allowed by the GDPR, specifically your consent and / or our legitimate interests. In certain cases, it is also possible that we process personal data in performing tasks carried out in the public interest or as part of our duties exercising official authority vested to us.

The personal data reflected in this application, as well as any further information provided by you as part of the evaluation process may be used to **(a)** request clarifications or additional information **(b)** include your personal information in the Register of Beneficiaries and Relatives of the MBF and **(c)** to evaluate your application.

We also advise you that based on our legal and regulatory obligations, we process special categories (or "sensitive") personal data, as those are defined in GDPR, for example information relating to health.

The submission of inaccurate, incomplete, erroneous or otherwise misleading information to any of the data we require, may result in disallowing us to process your application and / or adversely impact the achievement of the processing objectives outlined above.

Personal Data Retention Period

Your personal data are maintained in paper and / or electronic form, in a way that allows us to uniquely associate them with your person. The ensuing processing is designed to follow the principles of **proportionality** in relation to the purposes for which they were collected; **minimisation** of data, limiting collection to only those data which are necessary for the stated purposes of the processing; and **security and protection** of the data's accuracy, validity and confidentiality.

The personal data processing is subject to a formal Retention Policy of MBF, which stipulates retention of personal data for the minimum necessary period, in line with the stated processing purposes. Based on this policy, your personal data are retained for a defined period after the completion or termination of financial or other assistance the MBF may provide to beneficiaries and relatives. At the end of this period, personal data are deleted and / or destroyed based on structured processes that facilitate such deletion and / or destruction in a controlled manner. In certain cases, it is possible that we may pseudonymise personal data in a way that does not allow tracing back to the respective physical persons, for research or statistical purposes.

In those cases, the pseudonymised data shall be maintained indefinitely without further notice to you.

Access, Update or Deletion of Your Personal Data

In accordance with GDPR, you have the right to request access to the personal data we maintain in relation to you. You also have the right to request that we correct personal data which you identify as inaccurate or incomplete. In such a case, we remind you of the need to ensure that the data you provide to us must be accurate, complete and valid. GDPR also allows you to object to specific processing methods (for example automated processing) or to withdraw your consent in those cases where processing we perform is in fact based on this legal basis. Finally, you also have the right to receive your personal data in a structured, commonly used and machine-readable format, and transmit those data to another controller.

If, for some extreme reason, you wish us to completely delete your personal data, we will contact you to understand - and if possible, address the reason for your request - and to take those measures that, at our discretion, will correct the underlying matter which has caused concern to you. If despite those efforts, you continue to wish to delete your data completely, we will proceed with the relevant actions within the specified timelines in accordance with the GDPR, and we will notify you accordingly.

To exercise any of the above rights, please contact our Data Protection Officer at dpo@icpac.org.cy. To the extent our legal, regulatory or professional obligations do not allow or obligate us to continue processing your personal data, or to refrain from adhering to your request, we shall proceed to execute the necessary actions within the specified timelines in accordance with the GDPR, and we will notify you accordingly. In those cases where in compliance with the GDPR, we shall not execute your request, we commit to inform you of the respective rationale supporting our decision.

Access to your personal data

Access to your personal data is allowed to authorized personnel only. This is achieved by following structured processes for granting, revoking and removing user access rights, based on the principles of "operational need to know" and "least necessary access".

In this context, your personal data may be accessible by ICPAC personnel as well as authorized personnel of suppliers and vendors supporting ICPAC in its daily routines, systems and processes. ICPAC's Privacy Policy governing how such access, including of its suppliers and vendors, is managed can be found here <https://www.icpac.org.cy/selk/gdpr.aspx>

Technical & Organisational Privacy Measures

Our mission and foremost interest is the support of the beneficiaries and relatives of our late members. At the same time, your right to privacy and the protection of your personal data also has an important place in our priorities for you. Therefore, although in the technologically advanced age we live, no one can guarantee that such data will never be accessed by unauthorized personnel or misused, we inform you that we use appropriate technical and organizational means designed to protect the confidentiality, integrity and availability of your data. Such measures include a number of specialized tools and technologies for network and information security, targeted implementation and compliance procedures which are consistent with GDPR, restrictions and limits even to authorized members of our team when accessing your personal data, and other equally important protection and security measures

Queries & Complaints

MBF is committed to acknowledge, consider and respond to all queries and complaints that it receives from any natural person who believes is affected by our processing of his / her data. To communicate such queries or complaints please contact us on dpo@icpac.org.cy, and we shall seek to respond to the substance of your query as soon as practical, within a 30-day window as stipulated by GDPR.

If despite our responses and actions to address your concerns, you are not satisfied, you have the right to address the matter to the Cyprus Data Protection Commissioner whose offices are at Jason street 1, 2nd Floor, Nicosia 1082. The Commissioner's office can be reached on +357 22818456 and their email address is commissioner@dataprotection.gov.cy

I confirm that I have read and understand the information, terms and conditions of this Privacy Notice, based on which I provide my consent for the processing of my personal data as described herein.

Full name _____

Signature _____

Date _____