

HEALTH INSURANCE ORGANISATION

APPLICATION FORM FOR PARTICIPATION IN PROJECT INCENTIVES FOR CO-LOCATION OF PRIVATE
PERSONAL DOCTORS OPERATING UNDER GHS (NATURAL PERSONS/ LEGAL
ENTITIES/PARTNERSHIPS/ASSOCIATIONS)

Application No.: (For official use only)

Please read carefully the instructions in Part (F) before completing and submitting the application.

A. APPLICANT (1) (To be completed by the applicant (1))

Applicant category:

(Please fill in the appropriate code based on F.2. instructions)

(Please tick appropriate code with F.3 basis. To the instructions)

Personal doctor category:

(Please fill in the appropriate code based on F.3 instructions)

(Please tick appropriate code with F.3 basis. To the instructions)

If you are applying as a Natural Person, please complete section A.1.

If you are applying as an Legal Entity / Partnership / Association, please complete section A.2.

A1:

Full name:

GHS Code (See instructions F.4):

A2:

Full name:

Business Name (if applicable):

GHS Code (See instructions F.4):

Personal data of Personal Doctors who will provide services on behalf of the Legal Entity / Partnership / Association :

A / A	Full name	GHS Code
1		
2		
3		
4		

B. APPLICANT (2) (To be completed by the Applicant (2))

Applicant category:

(Please fill in the appropriate code based on F.2. instructions)

Personal Doctor category:

(Please fill in the appropriate code based on F.3 instructions)

If you are applying as a Natural Person, please complete section B.1.

If you are applying as a Legal Entity / Partnership / Association please complete section B.2.

B.1:

Full name:

GHS Code (See instructions F.4):

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B 2:

Name: Business Name (if applicable): GHS Code (See. Directions F.4):

Personal data Personal Doctors who provide services on behalf of the Legal Entity / Partnership / Association :

A / A	Full name	GHS Code
1		
2		
3		
4		

C. APPLICANT (3) (To be completed by the applicant (3))

Applicant category:

(Please fill in the appropriate code based on F.2. instructions)

Personal Doctor Category:

(Please fill in the appropriate code based on F.3 instructions)

If you are applying as a Natural Person, please complete section C.1.

If you are applying as a Legal Entity / Partnership / Association please complete section C.2.

C.1:

Full name: GHS Code (See instructions F.4):

C.2:

Full name: Business Name (if applicable): GHS Code (See instructions F.4):

Personal data of Personal Doctors who provide services on behalf of the Legal Entity / Partnership / Association :

A / A	Full name	GHS Code
1		
2		
3		
4		

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D. DECLARATION

By signing below, I verify that the information provided on and / or attached to this form is complete, accurate and truthful. Further, I acknowledge the following obligations:

1. To immediately notify the Health Insurance Organization if any of the above items changes or ceases to be accurate and / or to provide the Health Insurance Organisation with documents supporting these changes.
2. To cooperate with the HIO during the conducting of inspections, including on-site checks, and to provide any information that may be requested within the time frame specified by the HIO, in order to verify that the conditions set forth in the incentive scheme are met, as set out in paragraph 5 of the "Incentive scheme for co-location of personal doctors of the private sector under the GHS", during both the examination of the application and for a period of two (2) years following the approval of the application.
3. To return the amount of financial support received by the HIO, within the time frame determined by the HIO, when the financial support becomes repayable in accordance with paragraph 5 of the "Incentive scheme for co-location of personal doctors of the private sector under the GHS".

APPLICANT (1) (see instructions F.5.)

APPLICANT (2) (see instructions F.5.)

APPLICANT (3) (see instructions F.5.)

Full name-----
Full name-----
Full name-----
Capacity-----
Capacity-----
Capacity-----
No. identity card-----
No. identity card-----
No. identity card-----
Signature-----
Signature-----
Signature-----
Date-----
Date-----
Date

E. DATA PROTECTION DECLARATION

Please see Appendix I of this Application Form.

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VI. INSTRUCTIONS

1. The applicants may be Natural Persons / Legal Entities / Partnerships / Associations. The application must be submitted jointly from Natural Persons / Legal Entities / Partnerships / Associations which cover co-located personal doctor.

If the applicant is a Legal Entity/ Partnership/ Association applying for the co-location incentive scheme for personal doctors that will provide services on its behalf, the applicant only shall complete section A.2.

If the application concerns more than three (3) applicants, additional pages to be added to the application.

2. The codes referring to the applicant category are as follows:

- 01 – Natural Person
- 02 - Private Legal Entity - Cyprus company
- 03 - Private Legal Entity - European company
- 04 - Private Legal Entity – Third-Country company
- 05 - Public Entities
- 06 – Registered Partnership
- 07 - Non-Registered Partnership
- 08 - Association of Natural Persons
- 09 - Association of Legal Entities
- 10 – Association of Natural Persons and Legal Entities

3. The codes referring to the Personal Doctor category for which the applicant will provide services are as follows:

- 01 - Personal doctor for children (paediatrician)
- 02 - Personal doctor for adults

4. The GHS code is the unique identification code assigned at the time of the application and registration to GHS.

5. The application must be signed by the applicants before submission.

If the applicant is a Natural Person, the application shall be signed by the Natural Person. If the applicant is a Legal Entity / Partnership / Association, the application must be signed by the designated authorized signatory.

6. See Annex I regarding the protection of personal data

7. The signed application form should be delivered by hand by the applicant or delivered to HIO offices, Klimentos Str. 17-19, 4th floor, 1061 Nicosia. The HIO will then issue an official stamped receipt indicating the time and date the application was submitted.

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ACKNOWLEDGMENT OF RECEIPT OF APPLICATION FOR THE PROJECT INCENTIVES FOR PERSONAL DOCTOR co-location
PRIVATE SECTOR UNDER THE OPERATION OF THE GHS

To be completed by the applicants:

APPLICANT (1):

Name: No.. ID:
..... ..

APPLICANT (2):

Name: No.. ID:
..... ..

APPLICANT (3):

Name: No.. ID:
..... ..

To be completed by the recipient:

Date and time of application:

Stamp and signature of recipient:

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ANNEX I

PERSONAL DATA - INFORMATION ON THE PROTECTION OF YOUR PERSONAL DATA

The personal information that you submit on this form will enjoy the protection provided by the General Regulation of the EU Data Protection 2016/679 and national legislation in force, as amended from time.

Such personal data will only be processed for purposes of execution of contractual / administrative requirements of the Health Insurance Organization Against your person is an indispensable condition for their implementation.

Your data will be deleted from the records of the Agency within six months from the date of expiry of the above obligations, unless exercised any legal administrative process / application in which case, your personal data will remain on file until the expiry of any relevant administrative and / or legal proceedings.

While they retain the HIO and / or process your personal data, keep the following rights:

- a) access
- b) correction or amendment

The Privacy Policy of the Health Insurance Organization has been posted on the Agency's website:

www.gesy.org.cy/dataprotection and you can send any of your related question / request to the Data Protection Officer at the following addresses:

DPO, HIO, PO 26765, 1641 Nicosia or dataprotection@hio.org.cy