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GROUP INSURANCE APPLICATION FORM

POLICY OWNER DATA

Legal Name of the Company/Organisation/Association

Company Tax Identification Code Incorporation to the Registrar Number

Business Type

Address

Post Code Municipality/Community District

PO Box Post Code District

E-Mail Phone No. Fax

Name and position of person responsible Mobile Phone No.

No. of persons to be insured

Note: List of insured members to be enclosed

INSURANCE PLAN

The Group Insurance Scheme will include the benefits as described in the quotation no.
 dated/...../..... of CNP Cyprialife Ltd.
The inception date of the Policy will be the first day of the month following a review by CNP Cyprialife Ltd. upon receipt of all the necessary forms.

PREMIUMS

Mode of Payment (as determined in the conditions of the quotation)

- Annually
- Semi-Annually
- Quarterly
- Monthly

The mode of payment can be changed with premium loading as defined in the conditions of the quotation.

Payment Type

- Cash
- Direct Debit

Advance payment with this application
 (10% of total premium) €

Advance payment was made under these conditions:

- a) If CNP Cyprialife Ltd. accepts the application and issues the Policy, the Policy owner must pay the premium balance or the instalment agreed upon receipt of the Policy.
- b) If CNP Cyprialife Ltd declines the application, it will refund the advance payment.
- c) If the Policy owner refuses to accept the Policy, the advance payment will not be refunded.

.....
 Signature and Seal of the Policy Owner Date/...../.....

For office use

Insurance Agent Code

Licence No. Mobile Phone District

The first contact with the client was after referral from Referral No.

- YES
- NO

Signature of Insurance Agent Date/...../.....

Manager's Signature Date/...../.....