

17 Acropoleos Ave., 2006 Strovolos, Nicosia
P.O.Box 20819, 1664 Nicosia
Tel.: 22 363496, Fax: 22 363400

Members Enrolment / Deletion Form

Group Policy No. GP-000..... Group Insurance Policy

(*) The present form is attached to the respective application form for members.

A. Employment details for the insurance cover of employees						
	Employee's name & surname	Date of employment	Social insurance No.	Date of birth	Identity card/ passport No.	Monthly salary €
1						
2						
3						
4						
5						
6						

B. Details for the insurance cover of dependant members				
	Employee's name & surname	Dependant member's name & surname	Date of birth	Identity card/ passport No.
1				
2				
3				
4				
5				
6				

C. Termination of insured members				
	Member's name & surname	Date of termination	Date of birth	Identity card/ passport No.
1				
2				
3				
4				
5				
6				

- Note:**
1. Please notify the Company immediately with any changes.
 2. Cover for new members in the Plan will commence once they have been accepted for insurance by the Company.

Date :/...../.....

Signature & Seal of Policyowner:

FOR INTERNAL USE

We certify that the above notification was received on/...../.....

.....
For CNP Cyprialife Ltd