



Kentriki Insurance

DATA PROCESSING CONSENT FORM

The Insurance Company “Kentriki” Limited (hereinafter referred to as “Kentriki Insurance”), its insurance agents and associates, for the purpose of concluding an insurance contract, assessment of a claim, collection of insurance premium, research and statistical studies and for the provision of high level services, shall collect, store, dispose of and in general process personal data concerning you or minors on whose behalf you consent as a legal guardian.

You are also hereby informed that Kentriki Insurance collects and processes sensitive personal health data in case of concluding an insurance contract and/or processing of a claim that may relate to medical care of a foreigner, motor insurance, personal accidents, civil liability, employer’s liability and any other type of insurance contract that may require the collection and processing of health data.

The fulfillment of the obligations arising from the new General Data Protection Regulation (hereinafter “GDPR”) is of utmost importance for Kentriki Insurance which ensures that the collection and processing of personal data is done lawfully and takes all necessary measures to protect the integrity and confidentiality of data in relation to the services it provides to its clients.

Kentriki’s Insurance Privacy Notice, which can be found online at our website www.kentriki.com.cy, contains further information about your rights and the processing of personal data by us and you are kindly requested to read it carefully or you may contact the Data Protection Officer (DPO) of Kentriki Insurance as follows:

Data Protection Officer Contact Details:

Ms. Andria Georgiou

Email: andria@kentriki.com.cy

Tel: +357 22 003 444

Fax: +357 22 003 442

With this form you are informed that the personal data that you provide to Kentriki Insurance with this Insurance Proposal as well as those that you may have given with an earlier proposal or that you will give in case of a claim are registered in electronic and handwritten form, in one or more personal data files, which are kept by Kentriki Insurance or another contracting party/processor. The terms contracting party/processor mean the following: accident care and roadside assistance companies, record keeping companies, credit rating or debt collection companies, our external legal advisors and auditors, associate doctors and consultants and/or other service providers.

Recipients and administrators of your personal data will be the competent members of the staff of Kentriki Insurance and those of the contracting parties/processors. The processing of personal data is confidential and will be carried out only under the control of Kentriki Insurance.

Kentriki Insurance reserves the right to retain and process your personal data after the termination of the contractual relationship between us. The retention period for personal data is based on the business needs and legal requirements of our Company. Specifically, we retain personal data for



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as long as is necessary for the conclusion of our insurance contract unless other legal or regulatory obligations of our Company require additional retention of your personal data.

At the end of the personal data retention period, our Company follows the appropriate data destruction procedure along with the necessary security measures.

If you would like to know whether we hold any personal data about you and/or which data we hold, you can exercise your right of access and obtain a copy of your data.

In case you wish to withdraw your consent for the processing of your personal data you can inform us in writing by sending a letter at the address 33 Klimentos Str., Kentriki Tower, 1061 Nicosia, Cyprus or via email at andria@kentriki.com.cy. Please note that in the event of your consent being withdrawn, we may not be able to provide you with our insurance services.

DATA PROCESSING CONSENT FORM

(Mandatory)

I have read the content of this form which has been provided to me by Kentriki Insurance and I consent to the collection and processing of my personal data described above, for the provision of insurance services.

	Full Name	Signature
Insured:	_____	_____
Dependent:	_____	_____
Dependent:	_____	_____
Dependent:	_____	_____
Date:	_____	

DATA PROCESSING CONSENT FORM – MARKETING PURPOSES

(To be completed only in case you wish to be included in our mailing list in order to receive direct marketing for our Company’s services)

I wish to be informed about the services, products or offers that Kentriki Insurance will offer from time to time. For this purpose, I consent to the processing of my personal data by Kentriki Insurance in order to send these updates and communication to my email.

	Full Name	Signature
Insured:	_____	_____
Date:	_____	