

**Application form for the issuance of the European Digital vaccination Certificate for persons that have been vaccinated in countries outside of the European Union, the European Economic Area (Norway, Iceland, Liechtenstein) and Switzerland.**

**Part I: Personal and Medical Information**

Cypriot I.D card number/ Alien Registration number (ARC):.....

Type of Document (Cypriot I.D card number/ Alien Registration number (ARC): .....

Name and Surname (as shown on identification document):.....

Date of Birth (DD/MM/YY):.....

Phone Number (Including International Dialing Codes):.....

Vaccine Brand Name:.....

Date of 1<sup>st</sup> dose: :.....

Administrating Country of 1<sup>st</sup> dose: :.....

Date of 2<sup>nd</sup> dose: :.....

Administrating Country of 2<sup>nd</sup> dose: :.....

Country of issuance of the Certificate / Vaccination Card: :.....

**Part II: Declaration on the applicant's honour**

I, the undersigned, fully aware of the legislation that all of the above personal information is true and all the attached documents are authentic, I authorize the Ministry of Health and any other state institution to validate any of my personal information.

1. I authorize, the evaluation of the information submitted as part of this application, to be registered in the Vaccination database of Covid 19.
2. I am well aware that the above information I submitted, is necessary for the review of my application, for the issuance of the European Digital Certificate of vaccination against Covid 19.
3. In case I wish to retract this application, I am obligated to immediately inform the Permanent Secretary of the Ministry of Health.

**Part III: Personal Data**

The technical content of this document is subjected by the laws of EE 2016/679 of the European Parliament and of the Council of 27<sup>th</sup> April 2016 on the protection of individuals with regards to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EK (General Data Protection Regulation) << The protection of individuals with regard to the processing of personal data and the free movement of such data ('the Directive') 2018 (N.125(I)/2018).>>

**PART IV: Submissions**

Specifically, an email should be sent to [eudcc.vaccination@moh.gov.cy](mailto:eudcc.vaccination@moh.gov.cy) containing all the necessary information as described in the relevant announcement of the Ministry of Health:

1. the Application Form A duly completed and signed
2. photo of your vaccination card
3. Photograph of a document certifying the authenticity of the document referred to in point 2. **It is noted that acceptable documents for this purpose are the diplomatic certification (apostile) or certificate of validity issued by the Embassy of the country in the Republic of Cyprus.**

Name and Surname:.....

Signature:.....

Date of Submission:.....