



ΠΑΡΑΡΤΗΜΑ Ι

SOLEMN DECLARATION

(article 8 of Law 1599/1986 - Greece)

The accuracy of the information submitted in this declaration may be verified based on the records of other public services (Article 8, paragraph 4 of Law 1599/1986).

TO ⁽¹⁾ :	GENERAL HOSPITAL OF CORFU "AGIA EIRINI"		
<input type="checkbox"/> Ms/ <input type="checkbox"/> Mrs First Name		Surname:	
Father's Full Name:			
Mother's Full Name:			
Date of Birth ⁽²⁾ :			
Place of Birth:			
Nationality:			
ID Card Number:		Phone:	
Passport or other Legal Document Number:		Type of Identification Document:	
		<input type="checkbox"/> Passport <input type="checkbox"/> Residence Permit <input type="checkbox"/> Asylum Seeker's Card <input type="checkbox"/> Temporary Protection	
Permanent Address:		Street:	No: Postal Code:
Place of Residence in Greece: CORFU			
e-mail			

With full personal responsibility and being aware of the penalties (3) provided for in paragraph 6 of Article 22 of Law 1599/1986, I hereby responsibly declare that:

- the above information is true and accurate. I understand that providing false or inaccurate information may entail legal consequences in accordance with the applicable Greek legislation,
- I will submit my health insurance booklet or other supporting documentation, or send the necessary documents in order to be exempt from the cost of laboratory tests conducted at the Emergency Department, or alternatively provide a letter of guarantee for the payment of the relevant expenses,
- in case of non-compliance, the amounts due will be certified to a Public Treasury in the country of my permanent residence and will be collected in accordance with the applicable provisions regarding the collection of public revenues. I solemnly declare that the above information is true and accurate.

I understand that the provision of false information may have legal consequences, in accordance with the current Greek legislation.

In case this declaration is completed on behalf of a patient, please clearly state the PATIENT'S FULL NAME (and any other relevant details):

This form is stored in the patient's medical record and is kept in accordance with the General Data Protection Regulation (GDPR – Regulation EU 2016/679).

Date: 20

Triage Reception Staff	Full Name – Signature
Patient	Full Name – Signature
Companion	Full Name – Signature