



Passenger Locator Form

For the protection of your health from COVID-19, you will be asked to fill out this form. It is important to fill in all the fields of the form accurately. The information and your personal data will remain confidential and will be processed for public interest purposes and the protection of public health from COVID-19. Thank you for helping us to protect your health.

One form should be completed by each adult member of each family.

FLIGHT INFORMATION:

1. Airline Name		2. Flight Number or Registration Number	3. Seat Number (if available)
<input type="text"/>		<input type="text"/>	<input type="text"/>
4. Country of Departure	5. Departure Date Country of Origin	6. Departure time Country of Origin	7. Departure date from Cyprus (if available)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. If departure date from Cyprus is not available, please state the length of your intended stay in Cyprus:			
Less than 12 months <input type="checkbox"/> 12 months or more <input type="checkbox"/> Permanent resident of Cyprus returning from a trip abroad <input type="checkbox"/>			

Personal Information:

9. Last (Family) Name	10. First (Given) Name	11. Middle Initial (if available)	12. Year of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. ID /Passport No	14. Country of Birth	15. Nationality	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
16. Gender			
Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>			

Contact Details :

Where you can be reached if needed. (Include country code and city code):

17. Mobile	18. Other (if available)
<input type="text"/>	<input type="text"/>
19. E-mail Address	
<input type="text"/>	

Permanent Address:

20. Number and Street (Separate number and street with blank box)		21. Apartment Number (if available)
<input type="text"/>		<input type="text"/>
22. City	23. State / Province	
<input type="text"/>	<input type="text"/>	
24. Country	25. ZIP / Postal Code	
<input type="text"/>	<input type="text"/>	

Temporary/Permanent Address in the Republic of Cyprus:

26. Hotel Name (if any)

27. Number and Street (Separate number and street with blank box)

28. Apartment Number (if available)

29. City

30. State / Province

31. ZIP / Postal Code

Emergency Contact Information:

(Of someone who can reach you during the next 30 days)

32. Last (Family) Name

33. First (Given) Name

34. City

35. Country

36. E- mail Address

37. Mobile Phone

38. Other Phone (if available)

39. Travel Companions – Family:

You have to complete only if travel companions/family are under 18 years

Last (Family) Name

First (Given) Name

ID / Passport Number

1)

Seat Number (if available)

Age <18

Gender

Male

Female

Last (Family) Name

First (Given) Name

ID / Passport Number

2)

Seat Number (if available)

Age <18

Gender

Male

Female

Last (Family) Name

First (Given) Name

ID / Passport Number

3)

Seat Number (if available)

Age <18

Gender

Male

Female

Last (Family) Name

First (Given) Name

ID / Passport Number

4)

Seat Number (if available)

Age <18

Gender

Male

Female

40. Purpose of Travel

For non-residents of Cyprus:

Please state the purpose of your visit in Cyprus:

Holidays

Business

Visiting friends
& relatives

Settlement in Cyprus
for one year or more

Other

For residents of Cyprus returning or studying abroad:

Please state the purpose of your visit abroad:

Holidays

Business

Visiting friends
& relatives

Studies

Other

Please state the country of your visit/study:

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What was the length of your stay abroad?

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 days

41. Passenger Category

If you belong to at least one of the following Passenger Categories, who have been granted the option of having the COVID -19 test performed upon entry to the Republic of Cyprus, please tick the relevant box:

1. Cypriot citizens in the Republic of Cyprus and their foreign spouses and their minor children.
2. Persons legally living in the Republic of Cyprus
3. Persons allowed to enter under the Vienna Convention¹
4. Persons, regardless of nationality, having special permission by the Republic of Cyprus,
5. Persons, in country categories B, where the authorities of these countries, duly substantiated and following an announcement by the Ministry of Health, are not in a position to offer Covid-19 testing to those wishing to travel to Cyprus.

If you have ticked one of the boxes above, will you perform the Covid-19 test upon your entry to the Republic of Cyprus, paying for the laboratory test for COVID-19 disease, whenever is required, as well as the costs including transportation that may arise, in case you are required to stay in a place indicated by the Republic of Cyprus?

YES NO

I hereby declare, under penalty of perjury under the laws of the Republic of Cyprus, that the facts and information I have provided, including my travel companions/family members (if any) under 18, are true.

¹ Vienna Convention on Diplomatic Relations of 1961, Vienna Convention on Consular Relations of 1963



REPUBLIC OF CYPRUS

SOLEMN DECLARATIONS

Second phase
(20/06/2020)

Please tick the relevant box:

	YES	NO
Are you travelling from Category A Country?	<input type="checkbox"/>	<input type="checkbox"/>
Are you travelling from Category B Country?	<input type="checkbox"/>	<input type="checkbox"/>
Are you travelling from Category C Country?	<input type="checkbox"/>	<input type="checkbox"/>

1. If you are travelling to the Republic of Cyprus from Category A, please declare the Country.....and complete the following Declaration:

- I consent for possible COVID-19 testing, if requested, upon arrival to the Republic of Cyprus.
- I am fully aware of the risks, dangers and hazards connected to my flight and stay in the Republic of Cyprus, due to the Covid-19 pandemic. I assume and accept full responsibility for any risks of loss, harm, property damage or personal injury or death, including my travel companions/family members (if any) under 18 and I agree not to make claim and take proceedings against any person and/or any kind of businesses and/or authorized officers and /or the authorities of the Republic of Cyprus from any loss, liability, damages or costs that I may sustained and/or costs that I may incurred during my travel and stay to the Republic of Cyprus, as a result to COVID-19 and/or for any inconvenience I and/or they will be suffered, including my travel companions/family members (if any) under 18, due to any precautionary measures applied during my trip and my stay in the Republic of Cyprus, for the purposes of protection of public health against COVID -19. This waiver of Liability, shall be binding to my travel companions/family members (if any) members and spouse and my heirs, assigns and personal representative, executors and successors.
- Following my return to my country of permanent residence, or to the country to which I return following the completion of my trip to the Republic of Cyprus, I shall inform the Medical Services of the Republic of Cyprus, in the case I have developed symptoms of Covid-19, within 14 days following my departure from the Republic of Cyprus (e-mail address for correspondence monada@mphs.moh.gov.cy)
- I have not experienced one any of the following symptoms such as fever, cough, sore throat, runny nose, sudden shortness of breath or diarrhea, nausea, vomiting, myalgia, within the last 14 days and or I have not been in direct contact with a confirmed or suspected COVID-19 patient within the last 14 days and or I have not visited and/or needed inpatient treatment in any healthcare facility and or confinement facility used for the treatment or quarantine of COVID-19 confirmed or suspected persons within the last 14 days.

- I have not stayed/lived or travelled abroad within the past 14 days and or I am not a passenger on an international flight who have travelled to/from country(ies) of Category B or C within the past 14 days², as per relevant Country categorization announcement of the Republic of Cyprus .

I make this SOLEMN DECLARATION conscientiously and I hereby declare, under penalty of perjury under the laws of the Republic of Cyprus, that the facts and information I have provided , including my travel companions/family members (if any) under 18, are true.

Date of Declaration:

Name (BLOCK CAPITALS):

National Identification Number:

Passport Number:

Tel Number:

Permanent address:

Signature:

² Passengers who travel from Category A Countries but they have stayed/lived or travelled abroad within the last 14 days or they have been passengers on an international flight to/from a country from Category B or C, accordingly within the last 14 days are considered as travelers from Category B or C Countries. You are required to meet the prerequisites for the relevant highest risk Country, that you have travelled, based on the epidemiological Criteria and the Countries Categories published by the Ministry of Health. Consequently, Declaration for Category B or C Countries has to be completed.

2. If you are travelling to the Republic of Cyprus from Category B or you have stayed/lived or travelled abroad within the past 14 days and or you are a passenger on an international flight who have travelled to/from country(ies) of Category B within the past 14 days, please declare the Country.....and complete the following Declaration:

I..... DO SOLEMNLY AND SINCERELY DECLARE that:

- I consent for possible COVID-19 testing, if requested, upon arrival to the Republic of Cyprus.
- I am fully aware of the risks, dangers and hazards connected to my flight and stay in the Republic of Cyprus, due to the Covid-19 pandemic. I assume and accept full responsibility for any risks of loss, harm, property damage or personal injury or death, including my travel companions/family members (if any) under 18 and I agree not to make claim and take proceedings against any person and/or any kind of businesses and/or authorized officers and /or the authorities of the Republic of Cyprus from any loss, liability, damages or costs that I may sustained and/or costs that I may incurred during my travel and stay to the Republic of Cyprus, as a result to COVID-19 and/or for any inconvenience I and/or they will be suffered, including my travel companions/family members (if any) under 18, due to any precautionary measures applied during my trip and my stay in the Republic of Cyprus, for the purposes of protection of public health against COVID -19. This waiver of Liability, shall be binding to my travel companions/family members (if any) members and spouse and my heirs, assigns and personal representative, executors and successors.
- Following my return to my country of permanent residence, or to the country to which I return following the completion of my trip to the Republic of Cyprus, I shall inform the Medical Services of the Republic of Cyprus, in the case I have developed symptoms of Covid-19, within 14 days following my departure from the Republic of Cyprus (e-mail address for correspondence monada@mphs.moh.gov.cy)
- I have not experienced one any of the following symptoms such as fever, cough, sore throat, runny nose, sudden shortness of breath or diarrhea, nausea, vomiting, myalgia, within the last 14 days and or I have not been in direct contact with a confirmed or suspected COVID-19 patient within the last 14 days and or I have not visited and/or needed inpatient treatment in any healthcare facility and or confinement facility used for the treatment or quarantine of COVID-19 confirmed or suspected persons within the last 14 days.
- I have not stayed/lived and or travelled abroad within the past 14 days and or I am not a passenger on an international flight who have travelled to/from country(ies) of Category C within the past 14 days, as per relevant Country categorization announcement of the Republic of Cyprus ³.
- I am aware and accept that, in case I belong to one of the passenger categories, who have been granted the option of having the COVID -19 test performed upon entry to the Republic of Cyprus, I will personally pay the cost of the Covid-19 laboratory test, which amounts to 60 euros, in case I have chosen to perform the Covid-19 laboratory test, upon my entry into the Republic of Cyprus.

I make this SOLEMN DECLARATION conscientiously and I hereby declare, under penalty of perjury under the laws of the Republic of Cyprus, that the facts and information I have provided , including my travel companions/family members (if any) under 18, are true.

Date of Declaration:

Name (BLOCK CAPITALS):

National Identification Number:

Passport Number:

Tel Number:

Permanent address:

Signature:

³ Passengers who travel from Category B Countries but they have stayed/lived and or travelled abroad within the last 14 days and or they have been passengers on an international flight to/from a country from Category C within the last 14 days are considered as travelers from Category C Countries. All the requirements for Category C Countries have to be satisfied. Consequently, Declaration of Category C Countries has to be completed.

3. If you are travelling to the Republic of Cyprus from Category C Country or you have stayed/lived or travelled abroad within the past 14 days and or you are a passenger on an international flight who have travelled to/from country(ies) of Category C within the past 14 days, please declare the Country.....and complete the following Declaration:

I..... DO SOLEMNLY AND SINCERELY DECLARE that:

- I consent for possible COVID-19 testing, if requested, upon arrival to the Republic of Cyprus.
- I am fully aware of the risks, dangers and hazards connected to my flight and stay in the Republic of Cyprus, due to the Covid-19 pandemic. I assume and accept full responsibility for any risks of loss, harm, property damage or personal injury or death, including my travel companions/family members (if any) under 18 and I agree not to make claim and take proceedings against any person and/or any kind of businesses and/or authorized officers and /or the authorities of the Republic of Cyprus from any loss, liability, damages or costs that I may sustained and/or costs that I may incurred during my travel and stay to the Republic of Cyprus, as a result to COVID-19 and/or for any inconvenience I and/or they will be suffered, including my travel companions/family members (if any) under 18, due to any precautionary measures applied during my trip and my stay in the Republic of Cyprus, for the purposes of protection of public health against COVID -19. This waiver of Liability, shall be binding to my travel companions/family members (if any) members and spouse and my heirs, assigns and personal representative, executors and successors.
- Following my return to my country of permanent residence, or to the country to which I return following the completion of my trip to the Republic of Cyprus, I shall inform the Medical Services of the Republic of Cyprus, in the case I have developed symptoms of Covid-19, within 14 days following my departure from the Republic of Cyprus (e-mail address for correspondence monada@mphs.moh.gov.cy)
- I have not experienced one any of the following symptoms such as fever, cough, sore throat, runny nose, sudden shortness of breath or diarrhea, nausea, vomiting, myalgia, within the last 14 days and or I have not been in direct contact with a confirmed or suspected COVID-19 patient within the last 14 days and or I have not visited and/or needed inpatient treatment in any healthcare facility and or confinement facility used for the treatment or quarantine of COVID-19 confirmed or suspected persons within the last 14 days.
- I am aware and accept that I will remain in a designated place indicated to me by the Republic of Cyprus, for one day or for as long as it is necessary, until the results of the laboratory test are completed, in case I have chosen to perform the laboratory test Covid-19 upon my entry into the Republic of Cyprus,
- I am aware and accept that I will personally pay the cost of the Covid-19 laboratory test, which amounts to 60 euros, in case I have chosen to perform the Covid-19 laboratory test, upon my entry into the Republic of Cyprus, as well as accommodation and transportation costs for one day or for as long as it is necessary for the results of the laboratory test to be completed.
- I am aware and accept that I will be under compulsory self-isolation for 14 days, according to the instructions, and the precautionary and self-protection measures of the Ministry of Health, regardless of whether the result of the Covid-19 laboratory test is positive or negative, either at my residence or in case I do not have a residence in the Republic of Cyprus, at a place that will be indicated to me by the Republic of Cyprus, bearing the costs myself.

I make this SOLEMN DECLARATION conscientiously and I hereby declare, under penalty of perjury under the laws of the Republic of Cyprus, that the facts and information I have provided, including my travel companions/family members (if any) under 18, are true.

Date of Declaration:

Name (BLOCK CAPITALS):

National Identification Number:

Passport Number:

Tel Number:

Permanent address:

Signature: