



REPUBLIC OF CYPRUS

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.

Each family member must complete a separate application. In the case of minors, accompanied or unaccompanied, passengers under the age of 18, the application must be completed, on behalf of the minors, by the custodian parent(s)/ adoptive parent(s) / legal guardian / legal representative (s), by signing the relevant (*) Declaration at the end of this Form.

A. TRAVEL INFORMATION:

Kind of Travel:

Please select the relevant box that describes your travel to the Republic of Cyprus and complete the information:

Direct flight to the Republic of Cyprus

1. Airline Name	2. Flight Number or Registration Number	3. Seat Number (if available)
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Origin Country of Departure	5. Departure Date (Country of Origin)	6. Departure time (Country of Origin)
<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Departure Airport	8. Departure date from Cyprus (if available)	
<input type="text"/>	<input type="text"/>	

9. If departure date from Cyprus is not available, please state the length of your intended stay in Cyprus:

Less than 12 months 12 months or more Permanent resident of Cyprus returning from a trip abroad

Travelling to the Republic of Cyprus via intermediate Countries without an overnight stay

1. Origin Country of Departure	2. Departure Date Country of Origin	3. Departure time Country of Origin
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Last Country of Departure to the Republic of Cyprus	5. Departure Date of last Country of Departure to the Republic of Cyprus	6. Departure time of last Country of Departure to the Republic of Cyprus
<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Airline Name of last Departure to the Republic of Cyprus	8. Flight Number or Registration Number	9. Seat Number (if available)
<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Departure Airport	11. Departure date from Cyprus (if available)	
<input type="text"/>	<input type="text"/>	

12. If departure date from Cyprus is not available, please state the length of your intended stay in Cyprus:

Less than 12 months 12 months or more Permanent resident of Cyprus returning from a trip abroad



Travelling to the Republic of Cyprus via intermediate Countries with an overnight stay

1. Origin Country of Departure

2. Departure Date (Country of Origin)

3. Departure time (Country of Origin)

4. Last Country of Departure to the Republic of Cyprus

5. Departure Date of last Country of Departure to the Republic of Cyprus

6. Departure time of last Country of Departure to the Republic of Cyprus

7. Airline Name

8. Flight Number or Registration Number

9. Seat Number (if available)

10. Departure Airport

11. Departure date from Cyprus (if available)

12. If departure date from Cyprus is not available, please state the length of your intended stay in Cyprus:

Less than 12 months 12 months or more Permanent resident of Cyprus returning from a trip abroad

B. Personal Information:

1. Last (Family) Name

2. First (Given) Name

3. Middle Initial (if available)

4. Year of Birth

5. ID /Passport No

6. Country of Birth

7. Nationality

8. Gender

Male Female Other

C. Contact Details :

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

1. Mobile

2. Other (if available)

3. E-mail Address

D. Emergency Contact Information:
(Of someone who can reach you during the next 30 days)

1. Last (Family) Name**2. First (Given) Name****3. City****4. Country****5. E- mail Address (if available)****6. Mobile Phone****7. Other Phone (if available)**

E. Permanent Address:**1. Number and Street (Separate number and street with blank box)****2. Apartment Number
(if available)****3. City****4. State / Province****5. Country****6. ZIP / Postal Code**

F. Temporary/Permanent Address in the Republic of Cyprus:**1. Hotel Name (if any)****2. Number and Street (Separate number and street with blank box)****3. Apartment Number (if available)****4. City****5. State / Province****6. ZIP / Postal Code**

G. Purpose of Travel**For non-residents of Cyprus:**

Please state the purpose of your visit in Cyprus:

Holidays

Business

Visiting friends
& relativesSettlement 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:

What was the length of your stay abroad?

Days

H. Passenger Category¹

A. If you are travelling to the Republic of Cyprus from Category B Country (Origin Country of Departure) or if you have stayed/lived in Category B Country within the past 14 days before your travel to the Republic of Cyprus or you will be a passenger on an international journey to the Republic of Cyprus via intermediate Countries of Category B with an overnight stay, as per relevant Country categorization announcement of the Republic of Cyprus and 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 and their family members (foreign spouses, their minor children and their parents).
2. Persons legally residing in the Republic of Cyprus.
3. Persons allowed to enter under the Vienna Convention²
4. Persons, regardless of nationality, having a special permission by the Republic of Cyprus, as defined under the infectious Diseases (Determination of Measures Against the Spread of the Covid-19 Coronavirus disease) Decree (N.30), as amended.
5. Persons, in countries category 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 .

.....
Please Declare the Country

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 are true.

In the case of minors accompanied or unaccompanied passengers under the age of 18, the Information will be provided and the form will be completed and signed on behalf of the minors, by the custodian parent (s) or the adoptive parent (s) / legal guardian (s) / legal representative (s), by signing also the relevant (*) Declaration.

(*) I/We
(name of the custodian parent(s) / adoptive parent(s) / legal guardian / legal representative, with ID/Passport No..... solemnly declare and affirm that all Information given in respect of my/our child in this application is true. I/We have full knowledge and I/we consent to the submission of this application of my/our child. I/We make this SOLEMN DECLARATION conscientiously and with the knowledge that making a false and/or misleading declaration, will be subject to sanctions, under penalty of perjury under the laws of the Republic of Cyprus.

Date of Declaration:

Name (BLOCK CAPITALS):

National Identification Number:

Passport Number:

Tel Number:

Permanent address:

Signature:

¹ If you are traveling from Category B countries or you have stayed/lived in Category B countries within the past 14 days before your departure to the Republic of Cyprus or you will be a passenger on an international journey to the Republic of Cyprus via intermediate Countries of Category B with an overnight stay and you don't belong to the categories of passengers of paragraph A, who have been given the option to undergo a molecular examination for COVID-19 disease upon entering the Republic of Cyprus, you must undergo a molecular examination by a recognized laboratory during the last 72 hours before your departure. In that case you are required to have in your possession the Certificate, proving a negative PCR for COVID-19, for boarding purposes. If you are traveling from Category C countries or you have stayed/lived in Category C countries within the past 14 days before your departure to the Republic of Cyprus or you will be a passenger on an international journey to the Republic of Cyprus via intermediate Countries of Category C with an overnight stay and you don't belong to the categories of passengers of paragraph B, you are not allowed to travel to the Republic of Cyprus.

² Vienna Convention on Diplomatic Relations of 1961, Vienna Convention on Consular Relations of 1963

B. If you are travelling to the Republic of Cyprus from Category C or if you have stayed/lived in Category C Country within the past 14 days before your travel to the Republic of Cyprus or you will be a passenger on an international journey to the Republic of Cyprus via intermediate Countries of Category C with an overnight stay, as per relevant Country categorization announcement of the Republic of Cyprus and you belong to at least one of the following Passenger Categories, who have been only granted the right to enter in the Republic of Cyprus and the option of having the COVID -19 test performed upon entry to the Republic of Cyprus, please tick the relevant box:

- 1. Cypriot citizens, permanently residing in the Republic of Cyprus and their family members (foreign spouses, their minor children and their parents).
- 2. Persons legally residing in the Republic of Cyprus
- 3. Persons allowed to enter under the Vienna Convention³
- 4. Persons, regardless of nationality, having a special permission by the Republic of Cyprus, as defined under the infectious Diseases (Determination of Measures Against the Spread of the Covid-19 Coronavirus disease) Decree (N.30), as amended.

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, are true.

In the case of minors accompanied or unaccompanied passengers under the age of 18, the Information will be provided and the form will be completed and signed on behalf of the minors, by the custodian parent (s) or the adoptive parent (s) / legal guardian (s) / legal representative (s), by signing also the relevant (*) Declaration.

(*) I/We
(name of the custodian parent(s) / adoptive parent(s) / legal guardian / legal representative, with ID/Passport No.....solemnly declare and affirm that all Information given in respect of my/our child in this application is true. I/We have full knowledge and I/We consent to the submission of this application of my/our child. I/We make this SOLEMN DECLARATION conscientiously and with the knowledge that making a false and/or misleading declaration, will be subject to sanctions, under penalty of perjury under the laws of the Republic of Cyprus.

Date of Declaration:

Name (BLOCK CAPITALS):

National Identification Number:

Passport Number:

Tel Number:

Permanent address:

Signature:

³ Vienna Convention on Diplomatic Relations of 1961, Vienna Convention on Consular Relations of 1963



REPUBLIC OF CYPRUS

SOLEMN DECLARATIONS

Second phase (20/06/2020)

1. If you are travelling to the Republic of Cyprus from Category A (either direct flight or via intermediate Countries without an overnight stay) or you will be a passenger on an international journey from Category A Country, via intermediate Countries of Category B and/or C without an overnight stay, to the Republic of Cyprus 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 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 will be suffered, 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 family 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 in Category B and/or C Countries, within the past 14 days before my departure to the Republic of Cyprus and I am not a passenger on an international journey to the Republic of Cyprus via intermediate Countries of Category B and/or C with an overnight stay(s)⁴, 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, are true.

⁴ Passengers who travel from Category A Countries but they have stayed/lived in Category B and/or C Countries within the last 14 days before their departure to the Republic of Cyprus or they have been passengers on an international journey to the Republic of Cyprus via intermediate Countries of Category B and/or C with an overnight stay 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.

In the case of minors, accompanied or unaccompanied passengers under the age of 18, the Declarations will be provided and signed on behalf of the minors, by the custodian parent (s) or the adoptive parent (s) / legal guardian (s) / legal representative (s), by signing also the relevant (*) Declaration.

(*) I/We(name of the custodian parent(s) / adoptive parent(s) / legal guardian / legal representative, with ID/Passport No..... solemnly declare and affirm that all declarations given in respect of my/our child in this application is true. I/We have full knowledge and I/We consent to the submission of this application on behalf of my/our child. I/We make this SOLEMN DECLARATION conscientiously and with the knowledge that making a false and/or misleading declaration, will be subject to sanctions, under penalty of perjury under the laws of the Republic of Cyprus.

Date of Declaration:

Name (BLOCK CAPITALS):

National Identification Number:

Passport Number:

Tel Number:

Permanent address:

Signature:

2. If you are travelling to the Republic of Cyprus from Category B Countries (either direct flight or via intermediate Countries without an overnight stay) or you have stayed/lived in Category B Country within the past 14 days before your departure to the Republic of Cyprus or you will be a passenger on an international journey from Category A Country via intermediate Countries of Category B with an overnight stay, to the Republic of Cyprus, 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, 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 will be suffered, 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 family 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 in Category C Countries within the past 14 days before my departure to the Republic of Cyprus and I am not a passenger on an international journey to the Republic of Cyprus via intermediate Countries of Category B and/or C with an overnight stay(s)⁵, as per relevant Country categorization announcement of the Republic of Cyprus.
- 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, are true.

In the case of minors, accompanied or unaccompanied passengers under the age of 18, the Declarations will be provided and signed on behalf of the minors, by the custodian parent (s) or the adoptive parent (s) / legal guardian (s) / legal representative (s), by signing also the relevant (*) Declaration.

(*) I/We
(name of the custodian parent(s) / adoptive parent(s) / legal guardian / legal representative, with ID /Passport No..... solemnly declare and affirm that all declarations given in respect of my/our child in this application is true. I/We have full knowledge and I/We consent to the submission of this application on behalf of my/our child. I/We make this SOLEMN DECLARATION conscientiously

⁵ Passengers who travel from Category B Countries but they have stayed/lived in Category C Countries within the last 14 days before their Departure to the Republic of Cyprus or they have been passengers on an international journey to the Republic of Cyprus via intermediate Countries of Category C with an overnight stay 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.

and with the knowledge that making a false and/or misleading declaration, will be subject to sanctions, under penalty of perjury under the laws of the Republic of Cyprus.

Date of Declaration:

Name (BLOCK CAPITALS):

National Identification Number:

Passport Number:

Tel Number:

Permanent address:

Signature:

3. If you are travelling to the Republic of Cyprus from Category C Country (either direct flight or via intermediate Countries) or you have stayed/lived in Category C Country(ies) within the past 14 days before your departure to the Republic of Cyprus and /or you will be a passenger on an international journey from Category A or B Country via intermediate Countries of Category C with an overnight stay, to the Republic of Cyprus, 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 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 will be suffered, 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 family 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, in case I have chosen to perform the laboratory test Covid-19 upon my entry into the Republic of Cyprus, I will remain in a designated place indicated to me by the Republic of Cyprus, for as long as it is necessary, until the results of the laboratory test are completed and pay any accommodation costs may arise, If the test results will take a day or more to be completed, as well as transportation costs.
- 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.
- 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.

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, are true.

In the case of minors, accompanied or unaccompanied passengers under the age of 18, the Declarations will be provided and signed on behalf of the minors, by the custodian parent (s) or the adoptive parent (s) / legal guardian (s) / legal representative (s), by signing also the relevant (*) Declaration.

(*) I/We
(name of the custodian parent(s) / adoptive parent(s) / legal guardian / legal representative, with ID/Passport No..... solemnly declare and affirm that all declarations given in respect of my/our child in this application is true. I/we have full knowledge and I /We consent to the submission of this application on behalf of my/our child. I/We make this SOLEMN DECLARATION conscientiously

and with the knowledge that making a false and/or misleading declaration, will be subject to sanctions, under penalty of perjury under the laws of the Republic of Cyprus.

Date of Declaration:

Name (BLOCK CAPITALS):

National Identification Number:

Passport Number:

Tel Number:

Permanent address:

Signature: