
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



REPUBLIC OF CYPRUS

SOLEMN DECLARATIONS

First phase of gradual lifting of the prohibitive measures (09 - 19/06/2020)

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 or Category B Country, please declare the Countryand 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 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 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 and/or Category B Countries but they have stayed/lived or travelled abroad within the last 14 days or that 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 for Category C Countries has to be completed.

2. 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 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)
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Signature: