

Passenger Information

Last (Family) Name

Ivanov **фамилия**

First (Given) Name

Dmitry **ИМЯ**Middle Initial (if any) **не надо**

ID / Passport No

750000000 **номер загран паспорта**

Nationality

RUSSIAN FEDERATION

национальность

Date of Birth

01-07-1978 **дата рождения**

Country of Birth

страна рождения

RUSSIAN FEDERATION

Gender

MALE **пол**

Contact Details

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

Mobile (eg. 0035799XXXXXX for Cyprus phone)

00357123456| **контактный номер тел**

Other (if any)

E-mail Address

dmitry@mail.ru **ваш email**

Flight Information

Please select the relevant box, depending the kind of your travel to the Republic of Cyprus

- Direct Flight to the Republic of Cyprus **прямой рейс**
- Travelling to the Republic of Cyprus via intermediate Countries without an overnight stay(s) **рейсы с пересадками без ночевки**
- Travelling to the Republic of Cyprus via intermediate Countries with an overnight stay(s) **рейсы с пересадками с ночевкой**

Direct Flight Details (to the Republic of Cyprus)

Departure Date & Time (Country of Departure)

06-08-2020 19:23:09 **дата рейса**

Airline Name

CYPRUS AIRWAYS **авиакомпания**

Flight Number

CY0487 **номер рейса, выбираем из списка**

Country of Departure

RUSSIAN FEDERATION

 Please select this box if your flight is private. **ставите, если летите на джете**

Seat Number (if available)

Airport of Arrival

LARNAKA (LCA)

Departure date from Cyprus (if available)

дата отъезда с кипра**если она известна**

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

- Less than 12 months **предполагаемое время нахождения на кипре**
- 12 months or more

Have you conducted, a test confirming negative PCR for COVID-19 during the last 72 hours before departure and do you possess a valid certificate?

YES NO **выбираем, если будете делать тест по прилету в Ларнаку**

Purpose of Travel

Are you a permanent resident of Cyprus returning from a trip abroad?

YES NO **Ставим, если летим по спец разрешению, и не являемся резидентом Кипра.**

Please state the purpose of your visit in Cyprus

- Holidays
- Business
- Visiting friends & relatives **Цель визита на Кипр.**
- Settlement in Cyprus for one year or more
- Other

Permanent Address

Number and Street

Nevskii 24 **улица и номер дома**

Apartment Number (if available)

34 **номер квартиры**

City

Moscow **город**

State / Province

net **область, если есть**

Country

RUSSIAN FEDERATION **страна**

ZIP / Postal Code

190000| **ПОЧТОВЫЙ КОД**

Temporary/Permanent Address in the Republic of Cyprus

SAME AS ABOVE

Hotel Name (if any)

private flat **частная квартира**

Number and Street

Christou Keli 12 **улица и номер дома**

Apartment Number (if available)

100 **квартира**

City

Limassol **город**

District

Neapolis **район**

ZIP / Postal Code

3031 **ПОЧТОВЫЙ КОД**

Of someone who can reach you during the next 30 days (Include country code and city code)

Last (Family) Name

Ivanova **фамилия**

First (Given) Name

Maria **Имя**

Mobile (eg. 0035799XXXXXX for Cyprus phone)

0078121234567 **номер тел.**

Other (if any)

E-mail Address (if any)

Country

RUSSIAN FEDERATION

страна

City

Pensa

город

Passengers who meet the requirements for a test in Cyprus

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:

- Persons allowed to enter in the Republic of Cyprus under the Vienna Convention.
- Persons, regardless of nationality, having a special permission by the Republic of Cyprus Persons, as defined under the infectious Diseases (Determination of Measures Against the Spread of the COVID-19 Coronavirus disease) Decree (N.30), as amended.

Special Permission Number

SPXXXXXX

номер спец. разрешения

APPLY FOR SPECIAL PERMIT

If you have ticked one of the boxes above, will you perform the Covid-19 test upon your entry to the Republic of Cyprus? Agreeing to pay for the laboratory test for COVID-19 disease, whenever is required, as well as for 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 **выбираем сдать тест по прилету**

Solemn Declarations **ставим все галочки**

I consent for possible COVID-19 sample testing, if requested, upon arrival to the Republic of Cyprus (Persons allowed to enter in the Republic of Cyprus under the Vienna Convention of 1961 and 1963 are exempted).

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 and/or they 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 of the following symptoms – fever, cough, sore throat, runny nose, sudden shortness of breath or diarrhea, nausea, vomiting, myalgia, within the last 14 days or I have not been in direct contact with a confirmed or suspected COVID-19 patient within the last 14 days or I have not visited and/or needed inpatient treatment in any healthcare facility or confinement facility used for the treatment or quarantine of COVID-19 confirmed or suspected persons within the last 14 days.

I declare under penalty of perjury under the laws of the Republic of Cyprus that the facts and information I have provided, are true.

SAVE AS DRAFT

сохранить как черновик

отправить ->

SUBMIT