



### 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.

In case of transit or transfer passengers via the Republic of Cyprus, to other Countries, only the corresponding information shall be filled in: A. TRAVEL INFORMATION B. PERSONAL INFORMATION C. CONTACT DETAILS

I. STATEMENT OF TRUTH

#### 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)

4. Country of Departure

5. Departure Date

6. Departure time

7. Arrival Airport

8. Departure date from Cyprus (if available)

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

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 of last Departure to the Republic of Cyprus

8. Flight Number or Registration Number

9. Seat Number (if available)

10. Arrival 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

**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. Arrival 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

**Travelling via the Republic of Cyprus, as transfer or transit passenger, to other Countries**

**Direct flight to the Republic of Cyprus**

1. Airline Name

2. Flight Number or Registration Number

3. Seat Number (if available)

4. Departure Date (Country of Departure)

5. Departure time (Country of Departure)

6. Country of Departure

7. Arrival Airport

8. Departure date from Cyprus

**Direct flight from the Republic of Cyprus**

1. Airline Name

2. Flight Number or Registration Number

3. Seat Number (if available)

4. Departure Date

5. Departure time

6. Country of Destination

**B. Personal Information:**

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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

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### 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

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### 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)

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### 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

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### 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

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### G. Purpose of Travel

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**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**

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## H. Passenger Category<sup>1</sup>

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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 and their minor children).
2. Persons legally residing in the Republic of Cyprus.
3. Persons allowed to enter under the Vienna Convention<sup>2</sup>

4. 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
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If you have ticked one of the boxes above, will you perform the Covid-19 test upon your entry to the Republic of Cyprus?

YES  NO

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 and their minor children).
2. Persons legally residing in the Republic of Cyprus
3. Persons allowed to enter under the Vienna Convention<sup>3</sup>
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?

YES  NO

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## I. Statement of Truth

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<sup>1</sup> 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.

<sup>2</sup>Vienna Convention on Diplomatic Relations of 1961, Vienna Convention on Consular Relations of 1963

<sup>3</sup> Vienna Convention on Diplomatic Relations of 1961, Vienna Convention on Consular Relations of 1963

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I hereby declare, subject to sanctions under the laws of the Republic of Cyprus, that the facts and information I have provided, are complete, correct and 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 the laws of the Republic of Cyprus.

Date of Declaration: .....

Name (BLOCK CAPITALS): .....

National Identification Number: .....

Passport Number: .....

Tel Number: .....

Permanent address: .....

Signature: .....

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REPUBLIC OF CYPRUS

**SOLEMN DECLARATIONS**

**1. If you are travelling to the Republic of Cyprus from Category A ( direct flight) 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 (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 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](mailto:monada@mphs.moh.gov.cy))
- I have not experienced one of the following symptoms – fever, cough, fatigue, headache, muscle or body aches, loss of taste or smell, shortness of breath or difficulty breathing, sore throat, congestion or runny nose, within the last 14 days or I have not been in close contact with a COVID-19 confirmed case.
- 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)<sup>4</sup>, as per relevant Country categorization announcement of the Republic of Cyprus.

**I make this SOLEMN DECLARATION conscientiously and I hereby declare, subject to sanctions under the laws of the Republic of Cyprus, that the facts and information I have provided, are complete, correct and 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**

<sup>4</sup> *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.*

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 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 (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 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](mailto:monada@mphs.moh.gov.cy))
- I have not experienced one of the following symptoms – fever, cough, fatigue, headache, muscle or body aches, loss of taste or smell, shortness of breath or difficulty breathing, sore throat, congestion or runny nose, within the last 14 days or I have not been in close contact with a COVID-19 confirmed case.
- 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)<sup>5</sup>, 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, subject to sanctions under the laws of the Republic of Cyprus, that the facts and information I have provided, are complete, correct and 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**

<sup>5</sup> *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.*

**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 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 (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 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](mailto:monada@mphs.moh.gov.cy))
- I have not experienced one of the following symptoms – fever, cough, fatigue, headache, muscle or body aches, loss of taste or smell, shortness of breath or difficulty breathing, sore throat, congestion or runny nose, within the last 14 days or I have not been in close contact with a COVID-19 confirmed case.
- 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, if will be 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 am aware and accept that I will repeat a COVID-19 molecular test, 48 hours before the termination of my self-isolation, at my own expenses and the result of the laboratory test must be sent to the following electronic address: [monada@mphs.moh.gov.cy](mailto:monada@mphs.moh.gov.cy).
- I am aware and accept that my self-isolation will be terminated, only if the result of the repeated laboratory test is negative.

**I make this SOLEMN DECLARATION conscientiously and I hereby declare, subject to sanctions under the laws of the Republic of Cyprus, that the facts and information I have provided, are complete, correct and 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 the laws of the Republic of Cyprus.

Date of Declaration: .....

Name (BLOCK CAPITALS): .....

National Identification Number: .....

Passport Number: .....

Tel Number: .....

Permanent address: .....

Signature: .....