



ΚΥΠΡΙΑΚΗ ΔΗΜΟΚΡΑΤΙΑ

## 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.

The categorisation of the countries and every change in their classification can be located in the digital platform CyprusFlightPass and the following link: <https://cyprusflightpass.gov.cy/el/country-categories>.

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

### 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 to the Republic of Cyprus

11. Departure date from Cyprus (if available)

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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

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 to the Republic of Cyprus

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. Country of Departure

5. Departure Date

6. Departure time

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)

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4. Departure Date

5. Departure time

6. Country of Destination

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## 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):

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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)

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1. Last (Family) Name

2. First (Given) Name

3. City

4. Country

5. E-mail Address (if available)

6. Mobile Phone

7. Other Phones (if available)

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## E. Permanent Address:

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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:

If you are a visitor fill in the first part where you will stay

1. Hotel Name (if available)

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

3. Apartment Number (if available)

4. City

5. District

6. ZIP / Postal Code

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## G. 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  
or more years

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?  Days

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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): .....

Signature: .....

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