

! Please use only latin characters

Passenger Information

Last (Family) Name

ФАМИЛИЯ (НА АНГЛИЙСКОМ)

First (Given) Name

ИМЯ(НА АНГЛИЙСКОМ)

Middle Initial (if any)

НЕ ОБЯЗАТЕЛЬНО

ID / Passport No

НОМЕР ЗАГРАНПАСПОРТА ГРАЖДАНИНА РФ

Nationality

RUSSIAN FEDERATION



Date of Birth

ДАТА ВАШЕГО РОЖДЕНИЯ

Country of Birth

МЕСТО ВАШЕГО РОЖДЕНИЯ

Gender

ПОЛ:
MALE - МУЖСКОЙ
FEMALE - ЖЕНСКИЙ



Contact Details

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

Mobile (eg. 0035799XXXXXX for Cyprus phone)

НОМЕР МОБИЛЬНОГО ТЕЛЕФОНА

Other (if any)

НЕ ОБЯЗАТЕЛЬНО

E-mail Address

АДРЕС ВАШЕЙ ЭЛЕКТРОННОЙ ПОЧТЫ

Please enter a valid email address.

Vaccination Details

Vaccination Country

RUSSIAN FEDERATION

Vaccine Type

Sputnik V (Gam-COVID-Vac)

Vaccination Doses

Date of 1st dose

Date of 2nd dose

Details of the Last Flight (to the Republic of Cyprus)

Departure Date & Time (Country of Departure)

ДАТА И ВРЕМЯ ВЫЛЕТА

Airline Name

ROSSIYA



Flight Number

НОМЕР РЕЙСА



Country of Departure

СТРАНА ВЫЛЕТА



Please select this box if your flight is private. **ЗАПОЛНЯЕТСЯ В СЛУЧАЕ ЧАСТНОГО ПЕРЕЛЕТА**

Seat Number (if available)

Airport of Arrival

Departure date from Cyprus (if available)

SELECT ONE



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

Purpose of Travel

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

YES NO

Please state the purpose of your visit in Cyprus

- Holidays
- Business
- Visiting friends & relatives
- Settlement in Cyprus for one year or more
- Other

Permanent Address

Number and Street

УЛИЦА И НОМЕР ДОМА ВАШЕГО ПРОЖИВАНИЯ В РФ (НА АНГЛИЙСКОМ)

Apartment Number (if available)

НЕ ОБЯЗАТЕЛЬНО

City

ГОРОД ВАШЕГО ПРОЖИВАНИЯ (НА АНГЛИЙСКОМ)

State / Province

НЕ ОБЯЗАТЕЛЬНО

Country

RUSSIAN FEDERATION

ZIP / Postal Code

ИНДЕКС МЕСТА ВАШЕГО ПРОЖИВАНИЯ

The attribute may only contain letters and numbers.

Temporary/Permanent Address in the Republic of Cyprus

SAME AS ABOVE

Hotel Name (if any)

НАЗВАНИЕ ОТЕЛЯ ПРОЖИВАНИЯ

Number and Street

УЛИЦА ПРОЖИВАНИЯ НА КИПРЕ

Apartment Number (if available)

НЕ ОБЯЗАТЕЛЬНО

City

ГОРОД ПРОЖИВАНИЯ НА КИПРЕ

District

РАЙОН ПРОЖИВАНИЯ

ZIP / Postal Code

ИНДЕКС

The attribute must be 4 digits.

Emergency Contact Information

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

Last (Family) Name

ФАМИЛИЯ КОНТАКТНОГО ЛИЦА

First (Given) Name

ИМЯ КОНТАКТНОГО ЛИЦА

Mobile (eg. 0035799XXXXXX for Cyprus phone)

НОМЕР ТЕЛЕФОНА КОКТАКТНОГО ЛИЦА

Other (if any)

НЕ ОБЯЗАТЕЛЬНО

E-mail Address (if any)

НЕ ОБЯЗАТЕЛЬНО

Please enter a valid email address.

Country

RUSSIAN FEDERATION

City

ГОРОД ПРОЖИВАНИЯ КОНТАКТНОГО ЛИЦА

Solemn Declarations

- 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, 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 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.

SAVE AS DRAFT

SUBMIT