**Attestation Forms For Travel**



**Personal Information:**

* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth (DD/MM/YYYY):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Passport Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Nationality:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Contact Information:**
	+ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Travel Details:**
	+ **Date of Departure (DD/MM/YYYY):** \_\_\_\_\_\_\_\_\_\_\_\_
	+ **Date of Arrival (DD/MM/YYYY):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ **Flight Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ **Departure Country:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ **Destination Country:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Declaration:**

* I hereby declare the following (check where applicable):

	+ I have not tested positive for COVID-19 in the past 14 days.
	+ I have not been in close contact with a confirmed case of COVID-19 in the past 14 days.
	+ I am not experiencing any symptoms related to COVID-19, such as fever, cough, or difficulty breathing.
	+ I agree to comply with the health and safety measures enforced by the destination country, including but not limited to quarantine and testing requirements.

**Travel Insurance:**

* I confirm that I have secured travel insurance, which covers COVID-19-related issues.

**Legal Acknowledgment:**

* I certify that the information provided above is true and correct to the best of my knowledge.
* I understand that providing false information may result in denial of entry, fines, or other penalties as determined by authorities.

**Signature:**

* **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/MM/YYYY)