

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)