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PASSENGER INFORMATION FORM

NAME/LAST NAME		ALIAKSANDR IVANOU	
PASSPORT NUMBER		7654321	
PHONE NUMBER OF THE PERSON WHO CAN BE REACHED TO CONTACT WITH YOU		FIT HOLIDAYS +90 242 311 92 92	KILIT GLOBAL +905311049009
PHONE NUMBER		+375 29 1234567	
FLIGHT NUMBER B28105	SEAT NUMBER: 12F	DATE : 01.07.2020	
ADDRESS IN TURKEY OR DESTINATION ()		MAXX ROYAL BELEK	
<p>If you have one or more of the symptoms below, please tick them.</p> <p><input type="checkbox"/> High Fever <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Shortness of breath</p>			
The countries you have been in the last 14 days:..... 14			
Have you had close contact with a patient who was suspected with COVID-19?			COVID-19
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
The information I declare is correct and belongs to me.			
Declaration Date:/....../ 2020		Signature	
Note: If it is understood that the information provided on the form is incorrect, legal remedies will be taken against the person who filled out the form.			