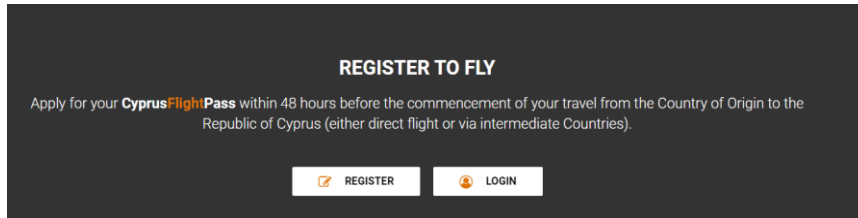


Návod na vyplnenie formuláru Cyprus Flight Pass pre vstup na Cyprus

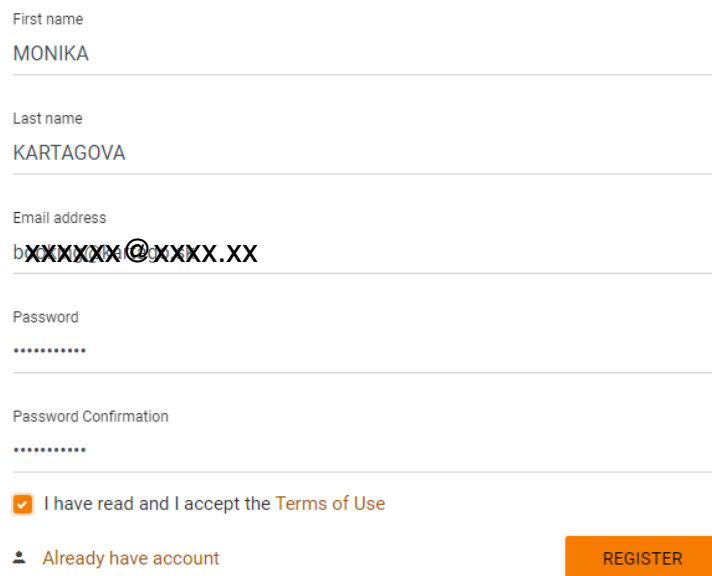
Formulár je nutné vyplniť 48 hodín pred odletom na <https://cyprusflightpass.gov.cy>

1) Stlačte „Register“.

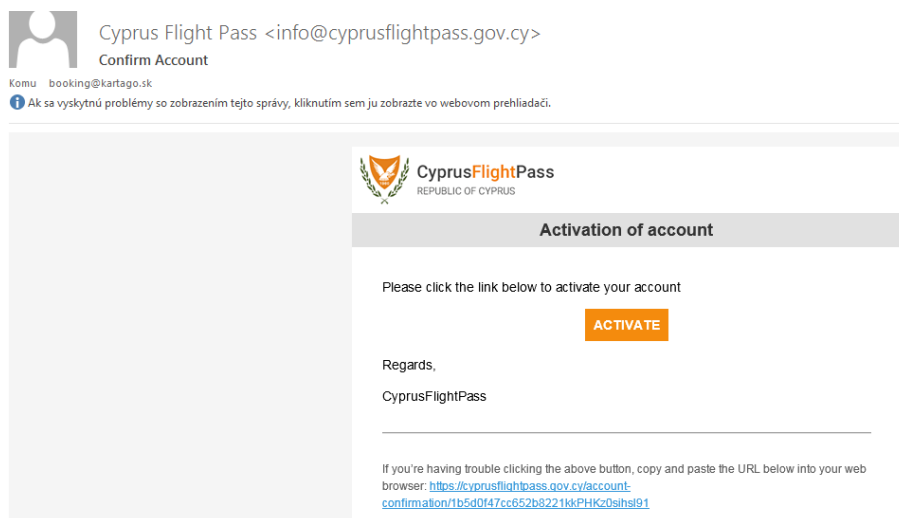


2) Vytvorte si konto. Vyplňte: meno, priezvisko, e-mail, heslo 2x, zakliknite prečítanie a akceptovanie podmienok „I have read and I accept the Terms of Use“ a stlačte „Register“

Create Account



3) Na e-mail vám príde správa pre aktiváciu účtu. Stlačte „Activate“.



4) Prihláste sa a stlačte „Login“

Account has been successfully created. Please check your email to activate your account x

Login

Email address

 xxxxx@xxxx.xx
booking@kartago.sk

Password



 Create Account

 I forgot my password

LOGIN

5) Požiadajte o svoj CyprusFlightPass do 48 hodín pred začiatkom cesty z krajiny pôvodu do Cyperskej republiky. Vyberte si možnosť, či ste alebo nie ste očkovaní na Covid-19.

My Account

Welcome to CyprusFlightPass!

Apply for your CyprusFlightPass within **48 hours** before the commencement of your travel from the Country of Origin to the Republic of Cyprus (either direct flight or via intermediate Countries).

IF NOT VACCINATED from the countries listed here.

APPLY HERE

Ak nie ste očkovaní, stlačte tu

IF VACCINATED from the countries listed here.

APPLY HERE

Ak ste očkovaní, stlačte tu

*Conditions apply. For more info, please click here, if vaccinated or click here, if not vaccinated.

Details

Account Details

First name:	MONIKA
Last name:	KARTAGOVA
Email address:	xxxxxx@xxxx.xx

Edit

Change password

Draft submissions

Submissions

Special Permissions / Payment

6) Vzor na vyplnenie pre nezaočkované osoby. Vyplňte priezvisko, meno, číslo pasu alebo občianskeho preukazu, národnosť, dátum narodenia, krajinu narodenia, pohlavie, mobilné číslo, e-mail

Cyprus Flight Pass Request

Apply for your **CyprusFlightPass** within 24 hours before the commencement of your travel from the Country of Origin to the Republic of Cyprus (either direct flight or via intermediate Countries).

The categorization of countries and any change in their classification may be reviewed in the CyprusFlightPass online platform at the link <https://cyprusflightpass.gov.cy/en/country-categories>.

It is recommended that you regularly visit this online platform for possible changes in the categorization of countries that may affect your flight to the Republic of Cyprus.

The submission of this application and the granting of CyprusFlightPass does not affect the application of the provisions of any other Law of the Republic of Cyprus which explicitly regulate issues of entry into the Republic of Cyprus.

Please use only latin characters

Passenger Information

Last (Family) Name KARTAGOVA	First (Given) Name MONIKA	Middle Initial (if any)
ID / Passport No BG000000	Nationality SLOVAKIA	
Date of Birth 08-07-1972	Country of Birth SLOVAKIA	Gender FEMALE

Contact Details

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

Mobile (eg. 0035799XXXXXX for Cyprus phone)

00421948000000

Other (if any)

E-mail Address

XXXXXX@XXXX.XX

Vyberte priamy let na Cyprus „Direct Flight to the Republic of Cyprus“, dátum odletu, leteckú spoločnosť a číslo letu podľa komplexného cestovného odbavenia, krajinu z ktorej odlietate, letisko na Cypre, dátum odletu z Cypru späť, ak dátum odchodu z Cypru nie je k dispozícii, uveďte dĺžku plánovaného pobytu na Cypre (iba v prípade jednosmernej letenky) a potvrdíte, že ste za posledných 14 dní neboli v krajine, ktorá je Cyperskou republikou označená ako sivá.

Flight Information

Please select the relevant box, depending the kind of your travel to the Republic of Cyprus

- ☒ Direct Flight to the Republic of Cyprus
- ☐ Travelling to the Republic of Cyprus via intermediate Countries without an overnight stay(s)
- ☐ Travelling to the Republic of Cyprus via intermediate Countries with an overnight stay(s)
- ☐ Travelling via the Republic of Cyprus, as transfer or transit passenger, to other Countries

Direct Flight Details (to the Republic of Cyprus)

Departure Date & Time (Country of Departure)

11-06-2021 12:31:19

Airline Name

AUSTRIAN AIRLINES

Flight Number

OS0831

Country of Departure

AUSTRIA

☐ Please select this box if your flight is private.

Airport of Arrival

LARNAKA (LCA)

Departure date from Cyprus (if available)

18-06-2021

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

☒ I have not stayed/lived in countries with less favourable epidemiological criteria (Grey (Special Permission) Category) compared to the country of departure, within the past 14 days before my travel to the Republic of Cyprus, as per relevant **country categorization** announcement of the Republic of Cyprus.

Ak máte negatívny výsledok PCR testu zaklikite „Yes“, uveďte dátum a čas vykonania testu, typ testu „Molecular Method (RT-PCR)“ a „Test result is Negative“

COVID-19 test information

Have you conducted, a test confirming negative PCR for COVID-19 during the last 72 hours before departure and do you possess a valid certificate?

☒ YES ☐ NO

A valid certificate is a negative RT-PCR certificate from a certified laboratory. The sampling for the COVID-19 test is required to be conducted during the last 72 hours before departure.

Time and date you provided your sample for the test
09-06-2021 08:59:16

Type of Test

MOLECULAR METHOD (RT-PCR)

Please note that antigen or antibody tests are not accepted

☒ Test result is NEGATIVE

Second Laboratory Test Solemn Declaration

I am aware and accept that I must undergo a second laboratory test and I will personally pay for the cost of this COVID-19 laboratory test upon my entry into the Republic of Cyprus.

☐ I accept the above solemn declaration

Note 1: Passengers arriving in the Republic of Cyprus from Red Category countries, having performed two laboratory tests, i.e. one laboratory test with sampling carried out 72 hours before their departure and one laboratory test upon their entry in the Republic of Cyprus, will not remain in a state of self-isolation or mandatory isolation (quarantine), if the results of both laboratory tests are negative.

Note 2: If you belong to the below categories of passengers who have the option not to perform a laboratory test 72 hours before departure but instead to perform a laboratory test only upon their arrival in the Republic of Cyprus and you have selected this option, please do not fill in the above covid-19 test information and do not accept the above solemn declaration. It is understood that in such a case, i.e. if you choose to perform a laboratory test, only upon your arrival to the Republic of Cyprus and not 72 hours before departure, you will remain in a state of compulsory self-isolation or mandatory isolation quarantine for 72 hours following your arrival and you must repeat a molecular test RT-PCR for COVID-19, upon completion of the 72 hours, at your own expense, as described below.

Účel cesty. Ak nie ste rezidentom Cypru kliknite na „NO“ a vyberte účel cesty „Holidays“.
Uveďte vašu trvalú adresu a následne adresu vášho pobytu na Cypre: hotel, adresa hotela, mesto, oblasť, smerovacie číslo.

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

VAJNORSKA 100

Apartment Number (if available)

City

Bratislava

State / Province

SLOVAKIA

Country

SLOVAKIA

ZIP / Postal Code

83104

Temporary/Permanent Address in the Republic of Cyprus

SAME AS ABOVE

Hotel Name (if any)

NICHOLAS COLOR

Number and Street

NISSI AVENUE, Ayia Napa

Apartment Number (if available)

City

Ayia Napa

District

Ayia Napa

ZIP / Postal Code

5330

Vyplňte emergency kontakt na inú osobu, zakliknite všetky políčka podľa obrázku a stlačte submit.

Emergency Contact Information

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

Last (Family) Name
KARTAGOVA

First (Given) Name
LUCIA

Mobile (eg. 0035799XXXXXX for Cyprus phone)
00421948000001

Other (if any)

E-mail Address (if any)
XXXXXX@XXXX.XX

Country
SLOVAKIA

City
Bratislava

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

Nakoniec pripojíte negatívny výsledok testu na Covid-19 „Attach Covid-19 Test“ a stlačte „Request“.



Cyprus Flight Pass Request

BACK

Flight Information

Direct Flight to the Republic of Cyprus

Country of Departure / Departure Date & Time	Austria / 11-06-2021 12:31
Airline Name	AUSTRIAN AIRLINES
Flight Number / Registration Number (Private Flights)	OS0831
Airport of Arrival	LARNAKA (LCA)

Passenger Information

Fullname	MONIKA KARTAGOVA
ID / Passport No	BG00000
Nationality (Country)	Slovakia
Passenger Type	Not in exception list
COVID-19 Test	Type of Test: RT-PCR Time and date you provided your sample for the test: 09-06-2021 08:59 Is Negative? YES

ATTACH COVID-19 TEST

You can add passengers to your flight, once you complete the REQUEST for your CyprusFlightPass.

Request my **CyprusFlightPass**

REQUEST

- 7) Vzor na vyplnenie pre zaočkované osoby. Vyplňte priezvisko, meno, číslo pasu alebo občianskeho preukazu, národnosť, dátum narodenia, krajinu narodenia, pohlavie, mobilné číslo, e-mail, krajinu vakcinácie, typ vakcíny, dátum prvej dávky a dátum druhej dávky.

CyprusFlightPass Request as vaccinated passenger

Apply for your **CyprusFlightPass** within 48 hours before the commencement of your travel to the Republic of Cyprus.

The submission of this application and the granting of CyprusFlightPass does not affect the application of the provisions of any other Law of the Republic of Cyprus, which explicitly regulate issues of entry into the Republic of Cyprus.

It is recommended that you regularly visit this online platform for possible changes that may affect your flight to the Republic of Cyprus.

Please note that in the case of a person who has been administered with a combination of different types of the acceptable vaccines (eg 1st dose Vaxzevria (AstraZeneca) and second dose Pfizer-BioNTech), at the stage of completing the application for the purpose of obtaining the cyprusflightpass the vaccine administered to him/her as a second dose has to be declared, recording at the same time as the first dose the date of administration of the first vaccine.

Please use only latin characters

Passenger Information				Passenger Information
				Contact Details
				Vaccination Details
				Details of your final flight (to the Republic of Cyprus)
				Purpose of Travel
				Permanent Address
				Temporary/Permanent Address in the Republic of Cyprus

Contact Details			
Where you can be reached if needed (Include country code and city code)			
Mobile (eg. 0035799XXXXXX for Cyprus phone)			
00421948000000		Other (if any)	
E-mail Address			
XXXXXXXX@XXXX.XX			

Vaccination Details	
Vaccination Country	SLOVAKIA
Vaccine Type	Pfizer - BioNTech
Vaccination Doses	
Date of 1 st dose	05-03-2021
Date of 2 nd dose	02-04-2021

Detaily letu: deň a čas odletu na Cyprus, letecká spoločnosť a číslo letu podľa komplexného cestovného poistenia, krajina odletu, letisko priletu a dátum odletu z Cypru.

Details of your final flight (to the Republic of Cyprus)

Departure Date & Time (Country of Departure)

11-06-2021 14:41:06

Airline Name

AUSTRIAN AIRLINES

Flight Number

OS0831

Country of Departure

AUSTRIA

☐ Please select this box if your flight is private.

Seat Number (if available)

Airport of Arrival

LARNAKA (LCA)

Departure date from Cyprus (if available)

20-06-2021

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

Účel cesty. Ak nie ste rezidentom Cypru kliknite na „NO“ a vyberte účel cesty „Holidays“. Uvedte vašu trvalú adresu a následne adresu vášho pobytu na Cypre: hotel, adresa hotela, mesto, oblasť, smerovacie číslo.

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

VAJNORSKA 100

Apartment Number (if available)

City

Bratislava

State / Province

SLOVAKIA

Country

SLOVAKIA

ZIP / Postal Code

83104

Uveďte vašu trvalú adresu a následne adresu vášho pobytu na Cypre: hotel, adresa hotela, mesto, oblasť, smerovacie číslo. Vypĺňte emergency kontakt na inú osobu, zakliknite všetky políčka podľa obrázku a stlačte submit.

Temporary/Permanent Address in the Republic of Cyprus			SAME AS ABOVE
Hotel Name (if any) NICHOLAS COLOR			
Number and Street NISSI AVENUE		Apartment Number (if available)	
City LARNACA	District AYIA NAPA	ZIP / Postal Code 5330	

Emergency Contact Information	
Of someone who can reach you during the next 30 days (Include country code and city code)	
Last (Family) Name KARTAGOVA	First (Given) Name LUCIA
Mobile (eg. 0035799XXXXXX for Cyprus phone) 00421948000001	Other (if any)
E-mail Address (if any) XXXXXX@XXXX.XX	
Country SLOVAKIA	City Bratislava

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
---------------	--------

Nakoniec pripojíte certifikát o očkovaní na Covid-19 „Attach Vaccination document“ a stlačte „Request“.

Attach Vaccination Document

[BACK](#)

Details of your final flight (to the Republic of Cyprus)

Country of Departure / Departure Date & Time	Austria / 11-06-2021 14:41
Airline Name	AUSTRIAN AIRLINES
Flight Number / Registration Number (Private Flights)	OS0831
Airport of Arrival	LARNAKA (LCA)

Passenger Information

Fullname	MONIKA KARTAGOVA
ID / Passport No	BG00000
Nationality (Country)	Slovakia

Vaccination Details

Vaccine Type	Pfizer - BioNTech
Vaccination Country	Slovakia
Vaccination Doses	
Date of 1 st dose	05-03-2021
Date of 2 nd dose	02-04-2021
Vaccination Document	ATTACH VACCINATION DOCUMENT

You can add passengers to your flight, once you complete the REQUEST for your CyprusFlightPass.

Request my **CyprusFlightPass**

You must upload your vaccination document.

[REQUEST](#)

8) Na obrazovke sa zobrazí správa o úspešnej registrácii.

Result of Request

Your **CyprusFlightPass** has been approved!!!

We just sent you an email that contains your CyprusFlightPass. Please check your inbox for an email from info@cyprusflightpass.gov.cy

[DOWNLOAD HERE](#)[ADD PASSENGER](#)

Ak chcete uložiť dokument CyprusFlightPass do počítača alebo mobilu, kliknite na „DOWNLOAD HERE“. Ak chcete pridať ďalšieho účastníka, kliknite na „ADD PASSENGER“. Na e-mailovú adresu uvedenú pri registrácii dostanete dokumenty: CyprusFlightPass (CFP) a váš súbor s výsledkami testu na COVID-19. Vytičený dokument a certifikát CyprusFlightPass (CFP) s výsledkom testu COVID-19 alebo certifikátom o vakcinácii, by ste si mali vziať so sebou na letisko. Formulár CyprusFlightPass (CFP) by mal vyplniť každý účastník zájazdu. Ak je účastníkom cesty maloletý, formulár by mal vyplniť rodič alebo zákonný zástupca dieťaťa.