



HIGH COMMISSION OF THE REPUBLIC OF MALTA

Personal Data

1. Name _____
2. Surname _____
3. Date of Birth ___ ___ _____ 4. Nationality _____
5. Passport Number _____

I, the undersigned, hereby declare that I am aware of the quarantine rules for non-vaccinated persons or persons with vaccinations not recognised by Malta. I am also aware that currently there is a minimum cost of at least 1,400 Euro for mandatory quarantine in such cases. I am responsible for ensuring that I have all the correct information before proceeding with travel to Malta.

Date ___|___|_____|

Signature_____

The personal data requested is being processed according to the General Data Protection Regulation (EU) 2016/679 and the Data Protection Act 2018.