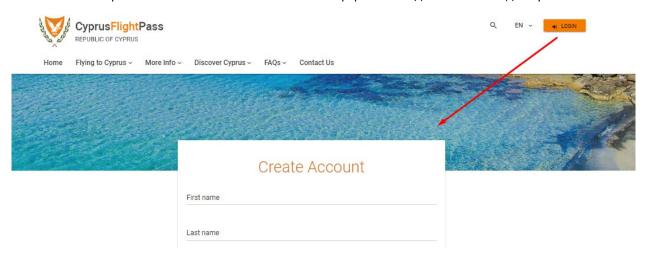
### ІНСТРУКЦІЯ ПО ОФОРМЛЕННЮ CYPRUS FLIGHT PASS (CFP)

для невакцинованих подорожуючих https://cyprusflightpass.gov.cy/

1. Треба створити особистий кабінет і оформлювати СFP в особистому кабінеті. Щоб увійти в кабінет після його створення треба активувати лінк, що надіслано на електронну адресу.

\* можна створити особистий кабінет на своє ім'я та оформлювати декілька СFP в одному кабінеті

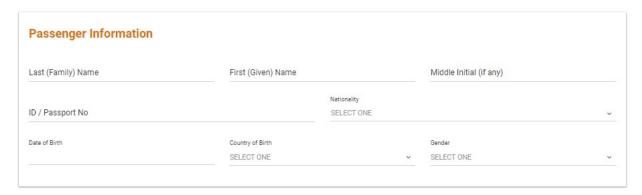


2. Увійти в особистий кабінет та вибрати OTHER PASSENGERS і далі PROCEED:

# CyprusFlightPass Request

O 1.	WITH AN ACCEPTED EU DIGITAL COVID CERTIFICATE OF VACCINATION OR RECOVERY
O 2.	VACCINATED (without an EU Digital COVID Certificate), that comply with the requirements indicated here
3.	OTHER PASSENGERS
	- COVID-19 molecular test is NOT required (Countries in Green Category, minors under the age of 12)
	- With a Negative PCR TEST Certificate / EUDCC Certificate (72 hours prior to departure) (Countries in Orange, Red, Grey* Category)
	- Travelling via the Republic of Cyprus, as transfer passenger to other Countries
	* Some Passengers travelling to the Republic of Cyprus from a country not included in Categories Green or Orange or Red, are required to obtain beforehand a special permit. Read more
	HOOFER

3. Ввести паспортні дані подорожуючого / LAST NAME – прізвище, FIRST NAME – ім'я

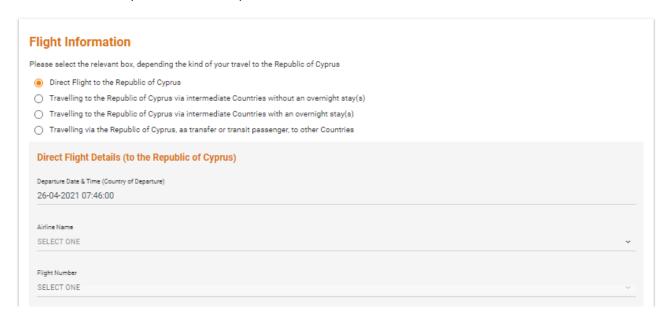


4. Ввести контакті дані подорожуючого

\* мобільний телефон має бути в форматі 0038067 ...

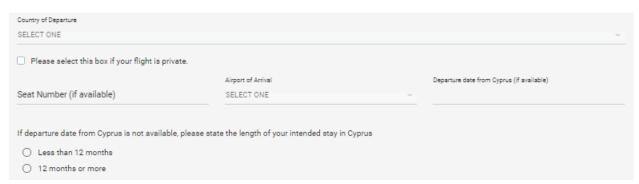
Contact Details  Where you can be reached if needed (Include country code and city code)	
Mobile (eg. 0035799XXXXXX for Cyprus phone)	Other (if any)
E-mail Address	

5. Ввести польотні дані. Якщо рейс прямий, то треба вибрати Direct flight та ввести дату вильоту і час вильоту, авіакомпанію і рейс.



Добавити країну відправлення, місце в літаку (не обов'язково), аеропорт прибуття та дату зворотнього вильоту.

\* якщо дата зворотнього вильоту на момент оформлення СFP ще не відома, треба вибрати приблизний термін перебування на Кіпрі (менше 12 місяців або більше 12 місяців)



У цій графі треба підтвердити, що подорожуючий не перебував останні 14 днів у країнах зони, яка менш епідеміологічно-сприятлива, ніж зона, з якої він подорожує (в випадку вильоту з України (Червона зона) подорожуючий не мав бути останні 14 днів у країнах Сірої зони.

- \* лист країн опубліковано на сайті https://cyprusflightpass.gov.cy/en/country-categories
- \* країни, яких не має в переліку відносяться до країн Сірої зони

Якщо подорожуючий був у країнах Сірої зони за останні 14 днів перед вильотом на Кіпр і не є громадянином країн Європейського Союзу, країн Європейської Економічної Зони (Ісландія, Норвегія, Ліхтенштейн) та Швейцарії, він не може подорожувати на Кіпр до закінчення терміну 14-денного перебування в Україні.

☐ I have not stayed/lived in countries with less favourable epidemiological criteria (Orange Category or Red Category or Grey (Special P the country of departure, within the past 14 days before my travel to the Republic of Cyprus, as per relevant country categorization Cyprus.	
If you have stayed/lived in countries with less favourable epidemiological criteria (Orange Category or Red Category or Grey (Special Permission) Category) compared to the	country of departure within the past 14
days before your travel to the Republic of Cyprus, as per relevant Country categorization announcement of the Republic of Cyprus. Please state the Country/ies below:	
SELECT COUNTRY/IES	<b>~</b>

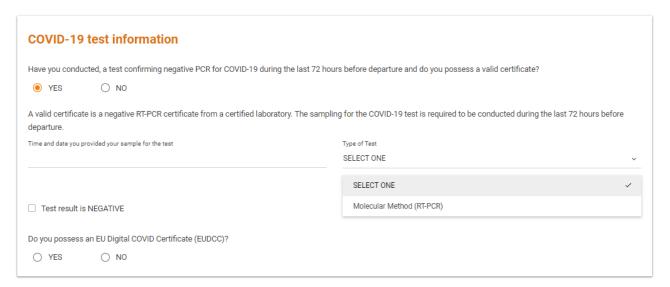
6. Мета подорожі. У випадку туристичної подорожі треба вибрати що подорожуючий не є резидентом Кіпру та мета подорожі - Holidays



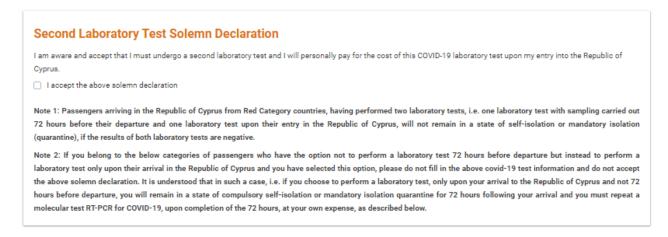
7. Ввести інформацію про Covid-19 тест, який зроблено в Україні для перельоту та в'їзду до Кіпру. Треба ввести дату та час забору матеріалу та тип тесту (PCR). Дітям до 11 років включно не обов'язково здавати тест для подорожі на Кіпр і в даному випадку треба поставити NO, якщо буде таке запитання для дитини.

На питання: Чи володієте Ви цифровим ковід сертифікатом EUDCC – треба ставити NO.

\* для в'їзду до Кіпру має бути зроблено тільки РСR- тест



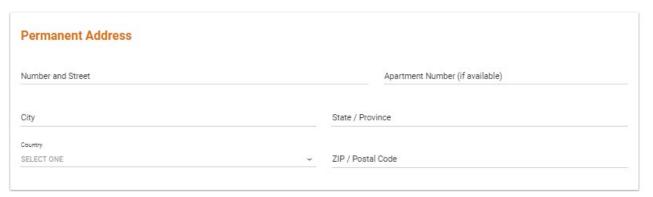
8. Підтвердити, що подорожуючий має тест для подорожі, зроблений не раніше ніж за 72 години та має здавати тест по прильоту



9. Нічого не відмічати в цій частині анкети, якщо подорожуючий не є громадянином або резидентом Кіпру

Passengers who meet the requirements for one laboratory tests only upon arrival in the	Republic of Cyprus
Note: This section should be completed by passengers belonging to the following categories of passengers who have the option to perform arrival in the Republic of Cyprus, and they have chosen to use this option.	laboratory testing only upon their
If you belong to at least one of the following Passenger Categories, who have been granted the option of having the COVID-19 tests perfor Republic of Cyprus, paying personally the cost of the laboratory tests for COVID-19 and you have decided to use this option, please tick the rele	
Persons allowed to enter in the Republic of Cyprus under the Vienna Convention.	
I solemnly declare that I am aware of my obligations, as described below and the consequences of the Law in the event of my non-compliance, laboratory testing ONLY upon my arrival in the Republic of Cyprus:	in case I have chosen to undergo
I am aware and accept that I will personally pay for the cost of the Covid-19 laboratory test, in case I have chosen to perform the Covid-19 laboratory test, in case I have chosen to perform the Covid-19 laboratory test, in case I have chosen to perform the Covid-19 laboratory test, in case I have chosen to perform the Covid-19 laboratory test, in case I have chosen to perform the Covid-19 laboratory test, in case I have chosen to perform the Covid-19 laboratory test, in case I have chosen to perform the Covid-19 laboratory test, in case I have chosen to perform the Covid-19 laboratory test, in case I have chosen to perform the Covid-19 laboratory test, in case I have chosen to perform the Covid-19 laboratory test.	ratory test, only upon my entry
I am aware and accept that, in case I have chosen to conduct a laboratory test, upon my arrival in the Republic of Cyprus, I must remain in a sta for 72 hours following my arrival and I must repeat a molecular test RT-PCR for COVID-19, upon completion of the 72 hours, at my own expense laboratory test to the email address monada@mphs.moh.gov.cy.	
I am aware and I accept that the self-isolation will be terminated, provided that I will repeat a molecular test RT-PCR, 72 hours following my arrillaboratory test RT-PCR is negative.	ival and the result of the repeated
☐ I accept above solemn declarations	

- 10. Внести адресу, а якою мешкає подорожуючий
  - \* не треба вносити косу рису (слеш), якщо вона є в номері будинку, треба поставити просто одну цифру



- 11. Треба внести адресу перебування на Кіпрі. Якщо перебування в готелі, то треба внести назву готелю, адресу, місто розташування готелю та індекс (чотири цифри)
  - \* якщо не знайшли індекс напишіть просто чотири будь-які цифри

Temporary/Permane	ent Address in the Republic of Cypru	S SAME AS ABO
Hotel Name (if any)		
Number and Street		Apartment Number (if available)
	District	ZIP / Postal Code

- 12. Ввести данні будь-якої людини, яка буде на зв'язку у випадку, коли подорожуючий не буде мати зв'язку або може потребувати допомоги
  - \*мобільний телефон має бути внесено в форматі 0038067 ... та не має бути однаковим з номером телефона, що був вказаний в СРГ як основний на початку заповнення анкети

Emergency Contact Information		
Of someone who can reach you during the next 30 da	ys (Include country code and city code)	
ast (Family) Name	First (C	Siven) Name
Mobile (eg. 0035799XXXXXX for Cyprus phone)	Other (	if any)
-mail Address (if any)		
ountry		
SELECT ONE	~ City	
захворюванням) та підтв	верджує, що данні, які вк	азані в анкеті є достовірними.
I consent for possible COVID-19 sample testing, if Convention of 1961 and 1963 are exempted).	requested, upon arrival to the Republic of Cy	prus (Persons allowed to enter in the Republic of Cyprus under the Vienna
responsibility for any risks of loss, harm, property	damage or personal injury or death and I agr	lic of Cyprus, due to the COVID-19 pandemic. I assume and accept full se not to make claim and take proceedings against any person and/or any
that I may incurred during my travel and stay to th	e Republic of Cyprus, as a result to COVID-19 d my stay in the Republic of Cyprus, for the p	from any loss, liability, damages or costs that I may sustained and/or costs and/or for any inconvenience I and/or they will be suffered, due to any urposes of protection of public health against COVID-19. This waiver of
that I may incurred during my travel and stay to th precautionary measures applied during my trip an Liability, shall be binding to my family members a Following my return to my country of permanent r	e Republic of Cyprus, as a result to COVID-19 d my stay in the Republic of Cyprus, for the p nd spouse and my heirs, assigns and persona esidence, or to the country to which I return f case I have developed symptoms of COVID-1	and/or for any inconvenience I and/or they will be suffered, due to any urposes of protection of public health against COVID-19. This waiver of al representative, executors and successors.
that I may incurred during my travel and stay to the precautionary measures applied during my trip an Liability, shall be binding to my family members at Following my return to my country of permanent or Medical Services of the Republic of Cyprus in the address for correspondence monada@mphs.mof	e Republic of Cyprus, as a result to COVID-19 d my stay in the Republic of Cyprus, for the p nd spouse and my heirs, assigns and personal esidence, or to the country to which I return f case I have developed symptoms of COVID-1 Ligov.cy).	and/or for any inconvenience I and/or they will be suffered, due to any urposes of protection of public health against COVID-19. This waiver of all representative, executors and successors.  ollowing the completion of my trip to the Republic of Cyprus, I shall inform the 9, within 14 days following my departure from the Republic of Cyprus (e-mail le or body aches, loss of taste or smell, shortness of breath or difficulty
that I may incurred during my travel and stay to the precautionary measures applied during my trip an Liability, shall be binding to my family members at Following my return to my country of permanent of Medical Services of the Republic of Cyprus in the address for correspondence monada@mphs.mol  I have not experienced one of the following sympt breathing, sore throat, congestion or runny nose, we	e Republic of Cyprus, as a result to COVID-19 d my stay in the Republic of Cyprus, for the p nd spouse and my heirs, assigns and personal esidence, or to the country to which I return foase I have developed symptoms of COVID-1 Lgov.cy). coms – fever, cough, fatigue, headache, musc within the last 14 days or I have not been in cl	and/or for any inconvenience I and/or they will be suffered, due to any urposes of protection of public health against COVID-19. This waiver of all representative, executors and successors.  ollowing the completion of my trip to the Republic of Cyprus, I shall inform the 9, within 14 days following my departure from the Republic of Cyprus (e-mail le or body aches, loss of taste or smell, shortness of breath or difficulty
that I may incurred during my travel and stay to the precautionary measures applied during my trip an Liability, shall be binding to my family members at Following my return to my country of permanent of Medical Services of the Republic of Cyprus in the address for correspondence monada@mphs.mol I have not experienced one of the following symptomeathing, sore throat, congestion or runny nose, we I declare subject to sanctions under the laws of the SKKILLO TOALON TOA	e Republic of Cyprus, as a result to COVID-19 d my stay in the Republic of Cyprus, for the p nd spouse and my heirs, assigns and personal esidence, or to the country to which I return focase I have developed symptoms of COVID-1 agov.cy).  Homos – fever, cough, fatigue, headache, musc within the last 14 days or I have not been in classe Republic of Cyprus that the facts and information of the Republic of Cyprus that the facts and information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of Cyprus the Republic of Cyprus that the facts and Information of Cyprus the Cyprus that the facts and Information of Cyprus the Cyprus that the facts and Information of Cyprus the Cyprus that the facts and Information of Cyprus the Cyprus the Cyprus that the facts and Information of Cyprus the Cyprus that the facts and Information of Cyprus the Cyprus that the facts and Information of Cypr	and/or for any inconvenience I and/or they will be suffered, due to any urposes of protection of public health against COVID-19. This waiver of all representative, executors and successors.  ollowing the completion of my trip to the Republic of Cyprus, I shall inform the 9, within 14 days following my departure from the Republic of Cyprus (e-mail le or body aches, loss of taste or smell, shortness of breath or difficulty ose contact with a COVID-19 confirmed case.  mation I have provided, are complete, correct and true.
that I may incurred during my travel and stay to the precautionary measures applied during my trip an Liability, shall be binding to my family members at Following my return to my country of permanent of Medical Services of the Republic of Cyprus in the address for correspondence monada@mphs.mol I have not experienced one of the following symptobreathing, sore throat, congestion or runny nose, with the control of the following symptobreathing, sore throat, congestion or runny nose, with the control of the following symptobreathing, sore throat, congestion or runny nose, with the control of the following symptobreathing, sore throat, congestion or runny nose, with the control of the following symptobreathing, sore throat, congestion or runny nose, with the control of the following symptobreathing and the following symptobreathing in the control of the following symptobreathing in t	e Republic of Cyprus, as a result to COVID-19 d my stay in the Republic of Cyprus, for the p nd spouse and my heirs, assigns and personal esidence, or to the country to which I return focase I have developed symptoms of COVID-1 agov.cy).  Homos – fever, cough, fatigue, headache, musc within the last 14 days or I have not been in classe Republic of Cyprus that the facts and information of the Republic of Cyprus that the facts and information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of the Republic of Cyprus that the facts and Information of Cyprus the Republic of Cyprus that the facts and Information of Cyprus the Cyprus that the facts and Information of Cyprus the Cyprus that the facts and Information of Cyprus the Cyprus that the facts and Information of Cyprus the Cyprus the Cyprus that the facts and Information of Cyprus the Cyprus that the facts and Information of Cyprus the Cyprus that the facts and Information of Cypr	and/or for any inconvenience I and/or they will be suffered, due to any urposes of protection of public health against COVID-19. This waiver of all representative, executors and successors.  ollowing the completion of my trip to the Republic of Cyprus, I shall inform the 9, within 14 days following my departure from the Republic of Cyprus (e-mail le or body aches, loss of taste or smell, shortness of breath or difficulty ose contact with a COVID-19 confirmed case.  mation I have provided, are complete, correct and true.
that I may incurred during my travel and stay to the precautionary measures applied during my trip an Liability, shall be binding to my family members at Following my return to my country of permanent or Medical Services of the Republic of Cyprus in the address for correspondence monada@mphs.moh  I have not experienced one of the following symptoreathing, sore throat, congestion or runny nose, where the subject to sanctions under the laws of the TOЩO): Прізвище, ім'я та	e Republic of Cyprus, as a result to COVID-19 d my stay in the Republic of Cyprus, for the p nd spouse and my heirs, assigns and personal esidence, or to the country to which I return foase I have developed symptoms of COVID-1 Lgov.cy).  Stomms — fever, cough, fatigue, headache, musc within the last 14 days or I have not been in classe Republic of Cyprus that the facts and informatical endomination of the Republic of Cyprus that the facts and informatical endomination.	and/or for any inconvenience I and/or they will be suffered, due to any urposes of protection of public health against COVID-19. This waiver of all representative, executors and successors.  collowing the completion of my trip to the Republic of Cyprus, I shall inform the 9, within 14 days following my departure from the Republic of Cyprus (e-mail le or body aches, loss of taste or smell, shortness of breath or difficulty ose contact with a COVID-19 confirmed case.  mation I have provided, are complete, correct and true.  реба вказати данні його опікуна (мати, бать ердити, що він заповнював анкету за дитин

declaration, will be subject to sanctions under the laws of the Republic of Cyprus.

Якщо є помилки при оформлені анкети, це можна побачити червоними фразами, подивіться де пише помилку та виправте її.



## 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

The form has not been completed correctly. Please check the error messages.

Якщо все заповнено вірно, має з'явитись форма, куди треба завантажити тест (якщо це дитина до 11 років включено кнопки завантажити тест не буде).

\* тест можна завантажити в будь-якому форматі (фото, pdf-файл, картинка)

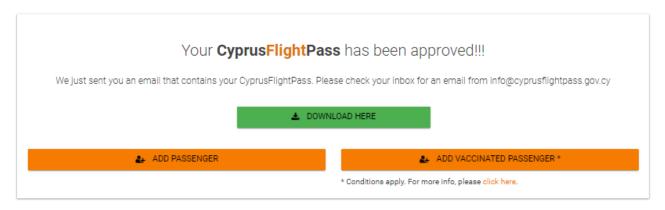
#### Cyprus Flight Pass Request BACK Flight Information Direct Flight to the Republic of Cyprus Country of Departure / Departure Date & Time Ukraine / 27-04-2021 08:53 UKRAINE INTERNATIONAL AIRLINES Airline Name Flight Number / Registration Number (Private Flights) PS0341 LARNAKA (LCA) Airport of Arrival **Passenger Information** Fullname TETIANA KRAVTSOVA ID / Passport No FE568799 Nationality (Country) Ukraine Passenger Type Not in exception list COVID-19 Test Type of Test: RT-PCR Time and date you provided your sample for the test: 24-04-2021 08:27 Is Negative? YES ATTACH COVID-19 TEST

Далі натиснути REQUEST

Request my CyprusFlightPass

REQUEST

### Result of Request



Його можна завантажити та додатково він прийде на електронну адресу, яка вказана при реєстрації особистого кабінету.

Якщо є ще подорожуючі, в яких співпадають дати подорожі, адреса мешкання та інше, можна натиснути кнопку ADD PASSENGER та в наступній анкеті для заповнення будуть скопійовані данні, окрім паспортних даних і PCR тесту, також треба бути змінити контактні данні подорожуючого та особи, яка буде додатково на зв'язку

#### Важливо!!

- Cyprus Flight Pass заповнюється на кожного окремо;
- Cyprus Fight Pass заповнюється також на дітей будь-якого віку;
- Доступ до оформлення Cyprus Flight Pass (вибір дати в'їзду до Кіпру) відкривається за дві доби до вильоту. Наприклад, якщо виліт 27.05, можна оформити CFP у будь-який час з 25.05 і до самого вильоту.