

# Mauritius All-in-One Travel Digital Form



## Mauritius All-in-One Travel Digital Form

- 1 Travel information
- 2 Personal information
- 3 Accommodation information
- 4 Emergency contact

### Travel information

You are travelling...  By air  By sea

Ankommer du med fly eller skip?  
By Air = Fly  
By Sea = Skip

Bostedsland

Country of residence \*

Provide your flight/ship details.

Hvilket flyselskap flyr du med?

Airline \*

Flynummer

Flight no \*

Ankomstdato

Date of arrival \*

Formålet med besøket ditt.

Purpose of travel \*

Proposed length of stay (in days) \*

Initial port of embarkation \*

Land du har besøkt de siste 6 månedene

Countries visited in the last six months

Antall dager i Mauritius

Tast det siste landet du var i før ankomsten til Mauritius

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# Mauritius All-in-One Travel Digital Form



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## Personal information

Etternavn

Last name \*

First name \*

Fornavn

Middle name

Mellomnavn

Kjønn

Gender \*

Date of birth \*

DD/MM/YYYY

Fødselsdato

Nationality \*

Din nasjonalitet

Passnummer

Passport number \*

Occupation

Ditt yrke

Mobile number \*

Mobilnummer

E-postadresse

Email

Permanent address \*

Din hjemmeadresse, nummer, gatenavn, postnummer og by

Klikk på 'Next' når du har valgt

Next



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## Accommodation information

Din adresse i Mauritius

Address during stay in Mauritius \*

Phone number \*\*

Email \*\*

**\*\*At least one of the two fields must be filled**

Telefonnummer

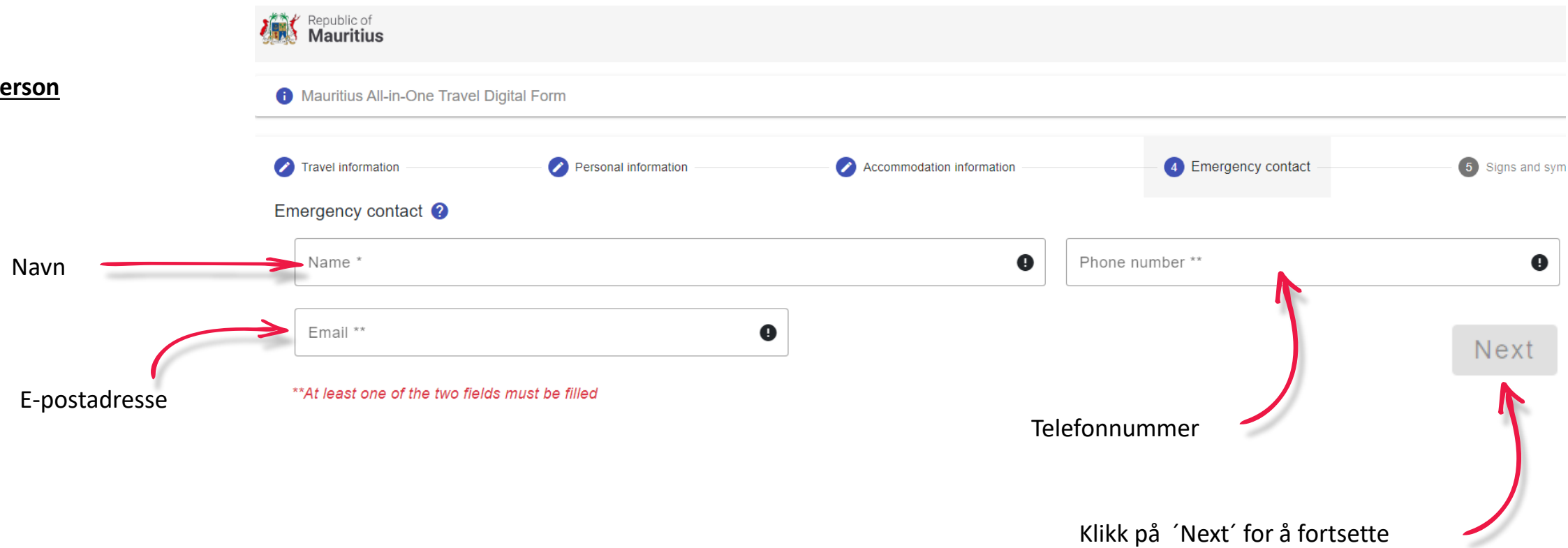
E-postadresse

Du må fylle ut minst ett av de to nederste feltene.

Klikk på 'Next' for å fortsette

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## Kontaktperson



Republic of Mauritius

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Emergency contact ?

Navn → Name \* ! Phone number \*\* !

E-postadresse → Email \*\* !

Telefonnummer →

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Klikk på 'Next' for å fortsette

*\*\*At least one of the two fields must be filled*

Oplever du følgende problemer?



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6 Declaration

## Signs and symptoms

Are you suffering from ... ? (tick as appropriate)

Fever \*

Feber

Yes  No

Sore throat \*

Sår hals

Yes  No

Skin lesions\*

Hudproblemer

Yes  No

Cough\*

Hoste

Yes  No

Joints pain\*

Leddsmerter

Yes  No

Breathing difficulties\*

Pusteproblemer

Yes  No

Any other symptom(s)


Andre symptomer

Yes  No

Next

Klikk på 'Next' for å fortsette

På de to neste sidene kan du se all informasjonen du har oppgitt og sjekke om den er korrekt. Hvis den ikke er korrekt, må du endre den før du trykker på 'Submit'

 Republic of Mauritius

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Declaration

Please review the details you provided in the previous steps.

Travel information

<b>Country of residence:</b>	<b>Flight no:</b>
<b>You are travelling...:</b>	<b>Purpose of travel:</b>
<b>Airline:</b>	<b>Initial port of embarkation:</b>
<b>Date of arrival:</b>	
<b>Proposed length of stay (in days):</b>	
<b>Countries visited in the last six months:</b>	

# Mauritius All-in-One Travel Digital Form



Personal information ^

<b>Last name:</b>	<b>First name:</b>
<b>Middle name:</b>	<b>Gender:</b>
<b>Date of birth:</b>	<b>Nationality:</b>
<b>Passport number:</b>	<b>Mobile number:</b>
<b>Occupation:</b>	
<b>Email:</b>	
<b>Permanent address:</b>	

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Accommodation information ^

<b>Address during stay in Mauritius:</b>	<b>Email: --</b>
<b>Phone number:</b>	

---

Emergency contact ^

<b>Name:</b>	<b>Phone number:</b>
<b>Email:</b>	

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Signs and symptoms ^

<b>Fever:</b>	<b>Sore throat:</b>
<b>Skin lesions:</b>	<b>Cough:</b>
<b>Joints pain:</b>	<b>Breathing difficulties</b>
<b>Any other symptom(s):</b>	

Hvis all informasjon er korrekt, kryss av i boksen.



I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements may render me liable to prosecution.

For at sende inn informasjonen, trykker du deretter på 'Submit'

Submit



Dear

Thank you for submitting the Travel All-in-One form with the requested information. Your cooperation is greatly appreciated. We wish you a safe trip and a nice stay in Mauritius.

[Download form](#)

Du kan nå laste ned/skaffe skjemaet ditt.





# Mauritius All-in-One Travel Digital Form



## Mauritius All-in-One Travel Digital Form

Travel Information		
Airline:	Flight No:	Date of arrival:
Purpose of travel:	Proposed length of stay (in days):	Initial port of embarkation:
Countries visited during last 6 months:		
Personal Information		
Last name:	First name:	Middle name:
Gender:	Date of birth:	Passport:
Nationality:	Email address:	Mobile phone:
Permanent address:		Country of residence:
Accommodation		
Address during stay in Mauritius:		
Phone number:	Email address:	
Emergency Contact		
Name:	Mobile phone:	Email address:
Signs and Symptoms		
Fever:	Sore throat:	Joint pain:
Cough:	Breathing difficulties:	Skin lesions:
Any other symptoms:		

Ditt utfylte skjema vil se slit ut, og her kan du skrive det ut og ta det med på reisen med en QR-kode.

Service Identifier:

