

Wybierz czy przylecisz samolotem czy
dopłyniesz statkiem:

By Air = Samolot

By Sea = Statek



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

Kraj zamieszkania

Country of residence *

Provide your flight/ship details.

Jaką linią lotniczą przylecisz?

Airline *

Cel wizyty

Purpose of travel *

Kraje, które
odwiedziłeś w ciągu
ostatnich 6 miesięcy

Countries visited in the last six months

Numer lotu

Flight no *

Data przylotu

Date of arrival *

DD/MM/YYYY

Proposed length of stay (in days) *

Initial port of embarkation *

Port wylotu

Liczba dni
pobytu na
Mauritiusie

Next

Kliknij 'Next'



Republic of
Mauritius

i Mauritius All-in-One Travel Digital Form

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Personal information

Nazwisko

Last name *

Płeć

Gender *

Numer paszportu

Passport number *

Adres e-mail

Email

Permanent address *

Imię

First name *

Drugie imię

Middle name

Date of birth *

DD/MM/YYYY

Occupation

Zawód

Data urodzenia

Nationality *

Narodowość

Mobile number *

Numer telefonu

Kliknij 'Next'

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Accommodation information

Adres na Mauritiusie

Address during stay in Mauritius *

Phone number **

Email **

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

Numer telefonu

Należy wypełnić co najmniej jedno z dwóch dolnych pól.

Adres e-mail

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Kliknij 'Next'

 Republic of Mauritius

 Mauritius All-in-One Travel Digital Form

Travel information Personal information Accommodation information **4 Emergency contact** 5 Signs and sym

Emergency contact 

Nazwisko i imię → 

Adres e-mail → 

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

Numer telefonu → 

Kliknij 'Next' →

Czy masz któreś z poniższych objawów?



 Mauritius All-in-One Travel Digital Form

 Travel information

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 Emergency contact

5 Signs and symptoms

6 Declaration

Signs and symptoms

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

Fever *

Feber

☐ Yes ☐ No

Sore throat *

Øm hals

☐ Yes ☐ No

Skin lesions*

Hudproblemer

☐ Yes ☐ No

Cough*

Hoste

☐ Yes ☐ No

Joints pain*

Ledsmerter

☐ Yes ☐ No

Breathing difficulties*

Vejrtrækningsproblemer

☐ Yes ☐ No

Any other symptom(s)

Andre symptomer

☐ Yes ☐ No

Next

Kliknij 'Next'

Sprawdź, czy wszystkie podane informacje są poprawne. Jeżeli nie są poprawne, zmień je przed naciśnięciem 'Submit'.

 Republic of Mauritius

 Mauritius All-in-One Travel Digital Form

 Travel information

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Declaration

Please review the details you provided in the previous steps.

Travel information

Country of residence:
You are travelling...:
Airline:
Date of arrival:
Proposed length of stay (in days):
Countries visited in the last six months:

Flight no:
Purpose of travel:
Initial port of embarkation:

Personal information

Last name:
Middle name:
Date of birth:
Passport number:
Occupation:
Email:
Permanent address:

First name:
Gender:
Nationality:

Mobile number:

Accommodation information

Address during stay in Mauritius:
Phone number:

Email: --

Emergency contact

Name:
Email:

Phone number:

Signs and symptoms

Fever:
Skin lesions:
Joints pain:
Any other symptom(s):

Sore throat:
Cough:
Breathing difficulties

☐ 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.

Zaznacz to pole, jeżeli wszystkie informacje są poprawne.

Aby wysłać kliknij '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

Kliknij aby pobrać i zapisać swój formularz.

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:		

Service Identifier:



Wypełniony formularz będzie wyglądał jak obok. Wydrukuj formularz i zabierz go ze sobą w podróż razem z kodem QR.