

# 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

Bostadsland

Country of residence \*

Provide your flight/ship details.

Vilket flygbolag flyger du med?

Airline \*

Flygnummer

Flight no \*

Ankomstdatum

Date of arrival \*

DD/MM/YYYY

Syftet med ditt besök

Purpose of travel \*

Proposed length of stay (in days) \*

Initial port of embarkation \*

Länder du har besökt de senaste 6 månaderna

Countries visited in the last six months

Antal dagar i Mauritius

Ange vilket land du var i innan ankomsten till Mauritius

Next



Mauritius All-in-One Travel Digital Form

- 1 Travel information
- 2 Personal information
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### Personal information

Efternamn	Last name *	Förnamn	First name *	Mellannamn	Middle name
Kön	Gender *	Date of birth *		Nationality *	
Passnummer	Passport number *	Occupation		Mobile number *	
E-postadress	Email	Födelsdatum		Din nationalitet	
Permanent address *					

Din nuvarande adress, nummer, postnummer och stad

Tryck på 'Next' när du har gjort ditt val



Republic of  
**Mauritius**

**i** Mauritius All-in-One Travel Digital Form

**1** Travel information

**2** Personal information

**3** Accommodation information

**4** Emergency contact

## Accommodation information

Din adress i Mauritius

Address during stay in Mauritius \*

Phone number \*\*

Email \*\*

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


Telefonnummer

E-postadress

Du måste fylla i minst ett av de två nedersta fälten

Next

Tryck på 'Next' när du har gjort ditt val

 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 ?

Fullständigt namn →

E-postadress →

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

Telefonnummer

Tryck på 'Next' när du har gjort ditt val

Next

Lider du af følgende problemer?



Mauritius All-in-One Travel Digital Form

Travel information

Personal information

Accommodation information

Emergency contact

5 Signs and symptoms

6 Declaration

## Signs and symptoms

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

Fever \*

Feber

Yes  No

Sore throat \*

Halsont

Yes  No

Skin lesions\*

Hudproblem

Yes  No

Cough\*

Hosta

Yes  No

Joints pain\*

Ledvärk

Yes  No

Breathing difficulties\*

Andningsbesvär

Yes  No

Any other symptom(s)

Andra symptom

Yes  No


Next

Tryck på 'Next' när du har gjort ditt val

# Mauritius All-in-One Travel Digital Form



På de två nästa sidorna kan du se all information du har lämnat och om den är korrekt. Om den inte är korrekt måste du ändra den innan du klickar på 'Submit'.

 Republic of Mauritius

**i** Mauritius All-in-One Travel Digital Form

**i** Travel information      **i** Personal information      **i** Accommodation information      **i** Emergency contact

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:**

# Mauritius All-in-One Travel Digital Form



## 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.

Om all information är korrekt,  
markera rutan

För att skicka in dina uppgifter, klicka därefter på  
'Submit'

Submit

# Mauritius All-in-One Travel Digital Form

Albatros travel

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 nu ladda ner/hämta ditt  
formular.





## Mauritius All-in-One Travel Digital Form

<b>Travel Information</b>		
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:		
<b>Personal Information</b>		
Last name:	First name:	Middle name:
Gender:	Date of birth:	Passport:
Nationality:	Email address:	Mobile phone:
Permanent address:		Country of residence:
<b>Accommodation</b>		
Address during stay in Mauritius:		
Phone number:	Email address:	
<b>Emergency Contact</b>		
Name:	Mobile phone:	Email address:
<b>Signs and Symptoms</b>		
Fever:	Sore throat:	Joint pain:
Cough:	Breathing difficulties:	Skin lesions:
Any other symptoms:		

Service Identifier:



Ditt ifyllda formulär kommer att se ut så här, och här kan du skriva ut det och ta med det på resan med en QR-kod.