



**STATE OF EMERGENCY
Covid-19
AIR PASSENGER TRAVEL FORM**

*One form should be completed by an adult member of each family. Print in block letters only. Leave a box blank to indicate space.

A. PERSONAL INFORMATION

Title: Surname: Given Name(s): DoB: Gender: Marital Status:
Residential Address: Postal Address:
Occupation: Phone (Office): Phone (Mobile): Email:

B. TRAVEL INFORMATION

Do you have an ID?: ID Type?: If you have other ID, please specify: ID No: Are you a PNG Citizen?:
Intended Travel Date: Port of Departure: Port of Arrival: Reason for Travel:
If reason for travel is **Other**, please specify: Where have you been in the last 21 days? List provinces: A.) B.) C.)

C. TRAVEL COMPANIONS

*Fill in this section if you have family members (children) below the age of 18 that are travelling with you.

Title: <input type="text"/>	Surname: <input type="text"/>	Given Name(s): <input type="text"/>	DoB: <input type="text"/>	Age: <input type="text"/>	Gender: <input type="text"/>
Title: <input type="text"/>	Surname: <input type="text"/>	Given Name(s): <input type="text"/>	DoB: <input type="text"/>	Age: <input type="text"/>	Gender: <input type="text"/>
Title: <input type="text"/>	Surname: <input type="text"/>	Given Name(s): <input type="text"/>	DoB: <input type="text"/>	Age: <input type="text"/>	Gender: <input type="text"/>
Title: <input type="text"/>	Surname: <input type="text"/>	Given Name(s): <input type="text"/>	DoB: <input type="text"/>	Age: <input type="text"/>	Gender: <input type="text"/>
Title: <input type="text"/>	Surname: <input type="text"/>	Given Name(s): <input type="text"/>	DoB: <input type="text"/>	Age: <input type="text"/>	Gender: <input type="text"/>

D. TEMPORARY ADDRESS

*If you are a traveller travelling into and within the country for business or essential services and will not be accommodated in the village or home of residence, list your place of accommodation.

Address of hotel name or place of accommodation:

E. EMERGENCY CONTACT INFORMATION

*Next of kin or someone who can reach you within the next 30 days.

Title: Surname: Given Name(s): Gender: Relationship:
Town / City: State / Province: Country: Phone (Office): Phone (Mobile):

F. IDENTIFICATION (ID Card)

*Insert an image of the ID Card that you have specified in section **B. TRAVEL INFORMATION**.
(Please note that the size of the image must not exceed 2MB. Only JPEG and PNG formats will be accepted)

Image of the ID Card

G. TERMS & CONDITIONS

1. This SOE Covid-19 Air Passenger Travel Form (APTF) has been introduced under the authority of the **Emergency (General Provisions) (COVID 19) Act 2020**.
2. All travellers are strictly advised to mandatorily fill this form and provide Factual Information when completing it. Forms must be returned to the airline employees at the counter before making a ticket booking and / or when checking in for the flight.
3. Any passenger who knowingly gives false information in this form will be considered as purposely committing an offence under **Section 10 (d) of the Emergency (General Provisions) (COVID 19) Act 2020**.
4. Travellers are discouraged from displaying any non-compliant behaviour, which may be deemed as an offence against airline operators and their employees when discharging their duties.
5. In relation to any incident to (4) above, "Intimidates" as specified under **Section 10 (b)** may be applied; including on any related action on social media including Facebook, Twitter, Instagram and Tik Tok.

H. INTERNAL USE ONLY (INTERNAL AIRLINES SALES / TICKETING AGENT USE ONLY)

I have read and understood the terms and conditions set out above; and I make this declaration on behalf of the traveller(s) by virtue of the **Emergency (General Provisions) (COVID 19) Act 2020** conscientiously believing this information contained therein to be true in every particular. If I allow information to be stated on anything which is misleading or false, I will be liable for prosecution under the **Emergency (General Provisions) (COVID 19) Regulation 2020**.

Signature: Date:

COMPLETE THIS FORM, PRINT AND TAKE WITH YOU AND PRESENT IT AT THE CHECK IN COUNTER