

Travel Declaration Form

For Business Travelers

Personal Details

Full Name:

Passport/ID Number:

Nationality:

Date of Birth:

Business Travel Details

Company Name:

Position/Title:

Purpose of Travel:

Destination Country/City:

Date of Departure:

Date of Return:

Recent Travel History (Past 14 Days)

Countries/Cities Visited:

Health Declaration

Have you experienced COVID-19 symptoms (fever, cough, difficulty breathing) in the last 14 days?

Select



Have you been in contact with a confirmed COVID-19 case in the past 14 days?

Select



Contact Information During Stay

Local Address:

Contact Phone Number:



I hereby declare that the above information is true and complete to the best of my knowledge. I understand that any false statements may result in penalties or denial of entry.

Signature:

Type your full name

Date:

Submit

Note: This sample travel declaration form streamlines entry procedures by capturing essential travel details. It ensures compliance with health and safety regulations for efficient and secure business travel management.