



Italian Ministry of Health

DIRECTORATE GENERAL FOR PREVENTION
Office 3 - USMAF - SASN coordination

REQUEST FOR AUTHORISATION pursuant to the Ordinances of the Italian Ministry of Health of 6 May 2021, containing "Further urgent measures regarding the containment and management of the epidemiological emergency caused by COVID-19".

Applicant information (fill in all fields).

Name and surname:

Country of origin of the flight:

Citizenship:

AIRE registration (yes/no):

Italian citizen with *Residenza Anagrafica* (Registered Residence)*:

*If in possession of Registered Residence in Italy prior to 29 April 2021, attach a document proving this declaration. Self-declarations are not considered valid for the purposes of the aforementioned request.

Request for authorisation (indicate relevant option)

Entry into Italy is requested from (tick the correct option):

- India
- Bangladesh
- Sri Lanka

With authorisation by the Italian Ministry of Health for:

- Humanitarian reasons
- Health reasons
- under the conditions referred to in article 51, paragraph 7, letter n)

N.B. Attach the documentation proving the reason for entry selected to this form. If documentation is incomplete, it will not be possible to process your request.

Without prejudice to the provisions of article 1, paragraph 3 of the ordinance of 29 April 2021 and 6 May 2021.

Documentation to be attached.

Attach the following documents, strictly in a single document in PDF format:

- Travel itinerary (plane ticket booking or booking for any other means of transport used will suffice);
- valid identity documents (identity card or passport only);
- documents proving the reason for which the authorisation is requested.

Travel information

- Date and time of arrival in Italy
- Date and time of departure from Italy _____
- Place of entry (city, border crossing)

- Specify the means of transport (vehicle/train/ship number/license plate number and car model) and the places of origin and arrival of the trip:

Date, place and signature

I authorise the Italian Ministry of Health to process the above personal data for the purposes functional to its activity. I also declare that I have read the information pursuant to **Italian Legislative Decree No 196 of 30/06/2003**.

AUTHORISATION

With reference to the request received and the documentation examined, the **Italian Ministry of Health will send the AUTHORISATION to the address indicated.**

Please carry the authorisation received with you as inspectors may ask to see it.