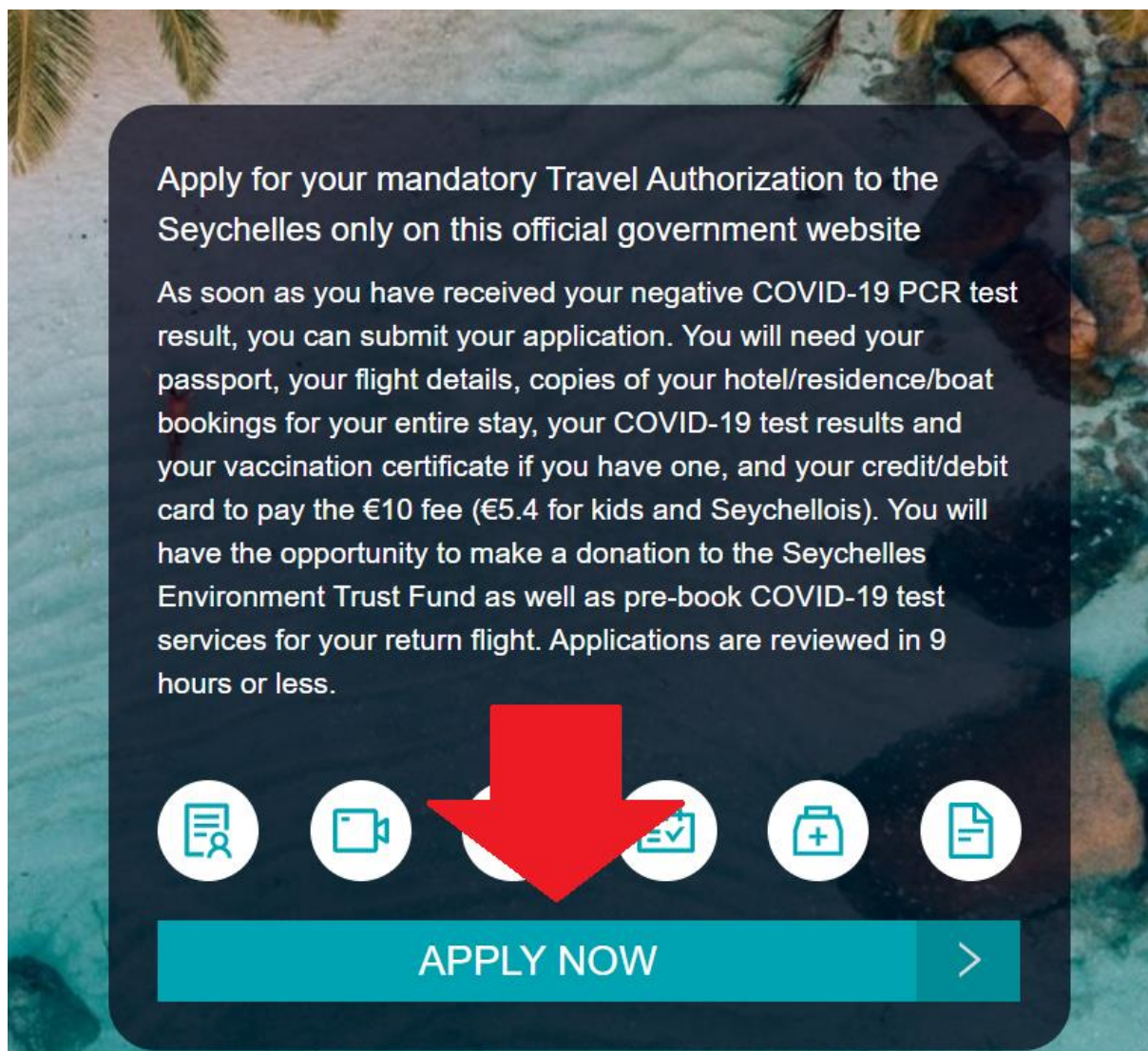





Instrukcja wypełniania formularza przed wylotem na Seszele


1. Wejdź na stronę <https://seychelles.govtas.com/>.
2. Aplikuj.





 Passport Information

 Selfie Photo

 Contact Information

 Trip Information

 Additional Information

 Required Documents


Are you an Individual or a Group?

If you are a family, a couple, or friends living together, you can save time by applying as a group. If you enroll as a group, you must meet certain eligibility requirements.


INDIVIDUAL


GROUP





 Passport Information

 Selfie Photo

 Contact Information

 Trip Information

 Additional Information

 Required Documents

Declaration of Consent

The primary purpose of this Health Travel Authorization (HTA) system is to enable resuming traveling safely to the Seychelles while continuing to protect our citizens from further spread of COVID-19. Information submitted by applicants through the HTA Web site is subject to the same strict privacy provisions and controls that have been established for similar traveler screening programs. Access to such information is limited to those with a professional need to know. This Web site is operated by the Seychelles Government under the rules and regulations as specified by Seychelles Data Protection laws to insure the privacy of your information.

By confirming and proceeding you agree that your information will be used for the purpose to determine your eligibility to travel. If you apply on behalf of someone it is your responsibility to obtain consent of that person. As a parent you can apply for your child by providing parental consent. You may choose not to proceed.

CANCEL

PROCEED

Passport Information

Selfie Photo

Contact Information

Trip Information

Additional Information

Required Documents

Country of Permanent Residence

Please select your country of residence: The country where you live and pay taxes.

WYBIERZ KRAJ ZAMIESZKANIA

CONFIRM

3. Przygotuj zdjęcie lub skan pierwszej strony paszportu, na której znajduje się zdjęcie i dane osobowe. Wgraj je na stronie.

Passport Information

Selfie Photo

Contact Information

Trip Information

Additional Information

Required Documents

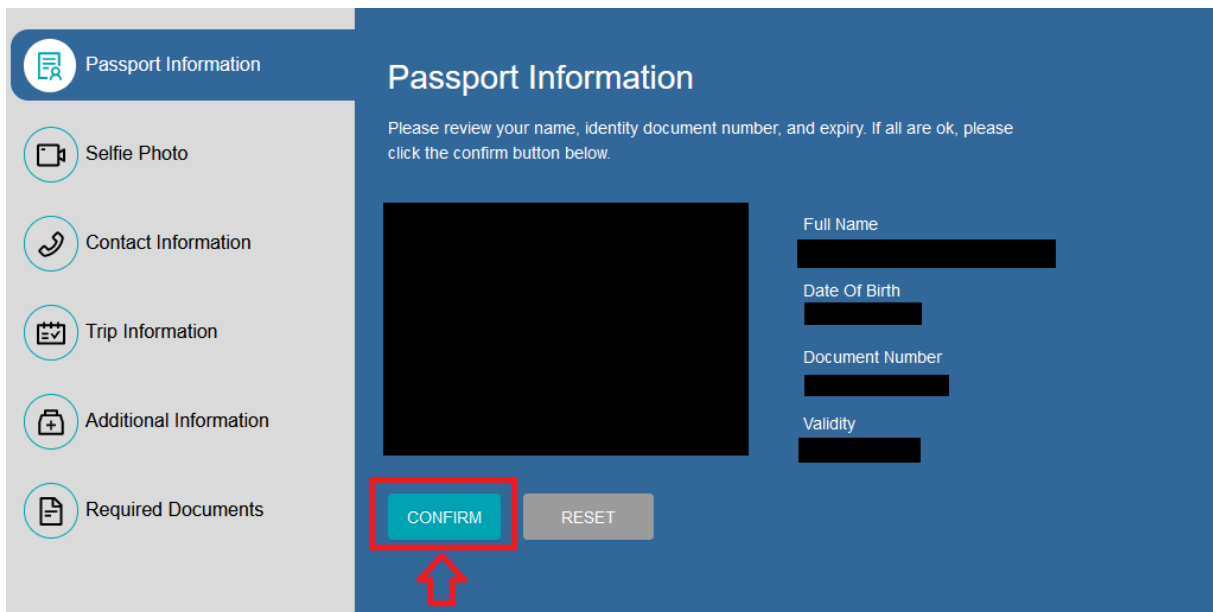
Passport Information

Please provide a photo or scan of the first page of your passport with your photo on it.

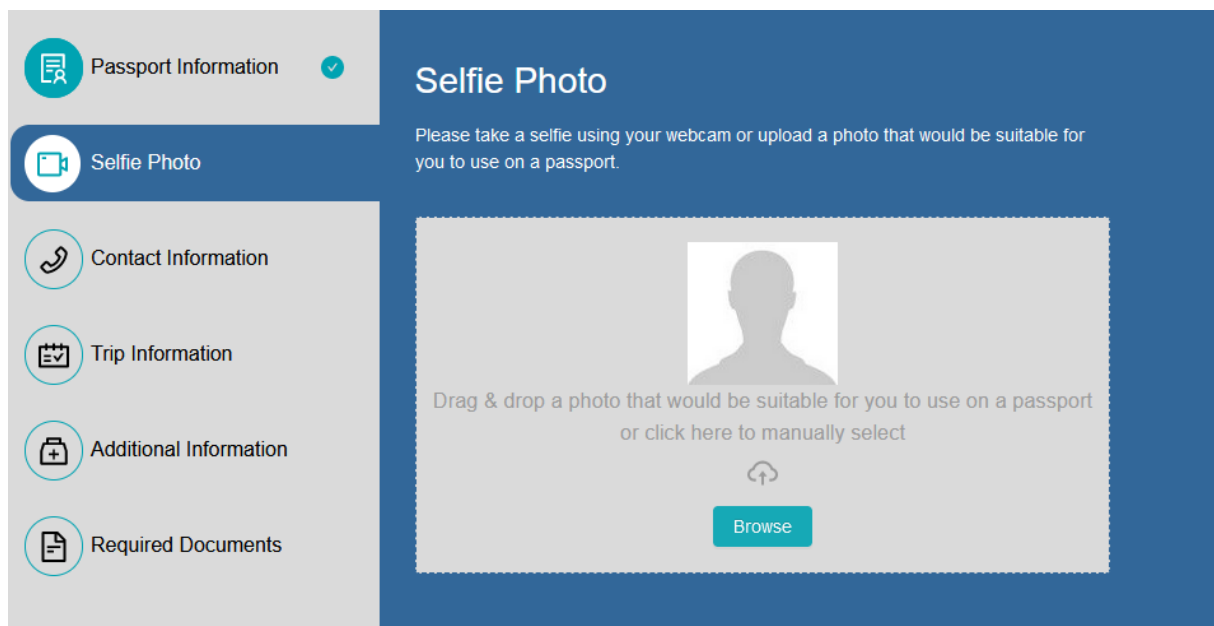
Use Webcam **Upload Passport Page**

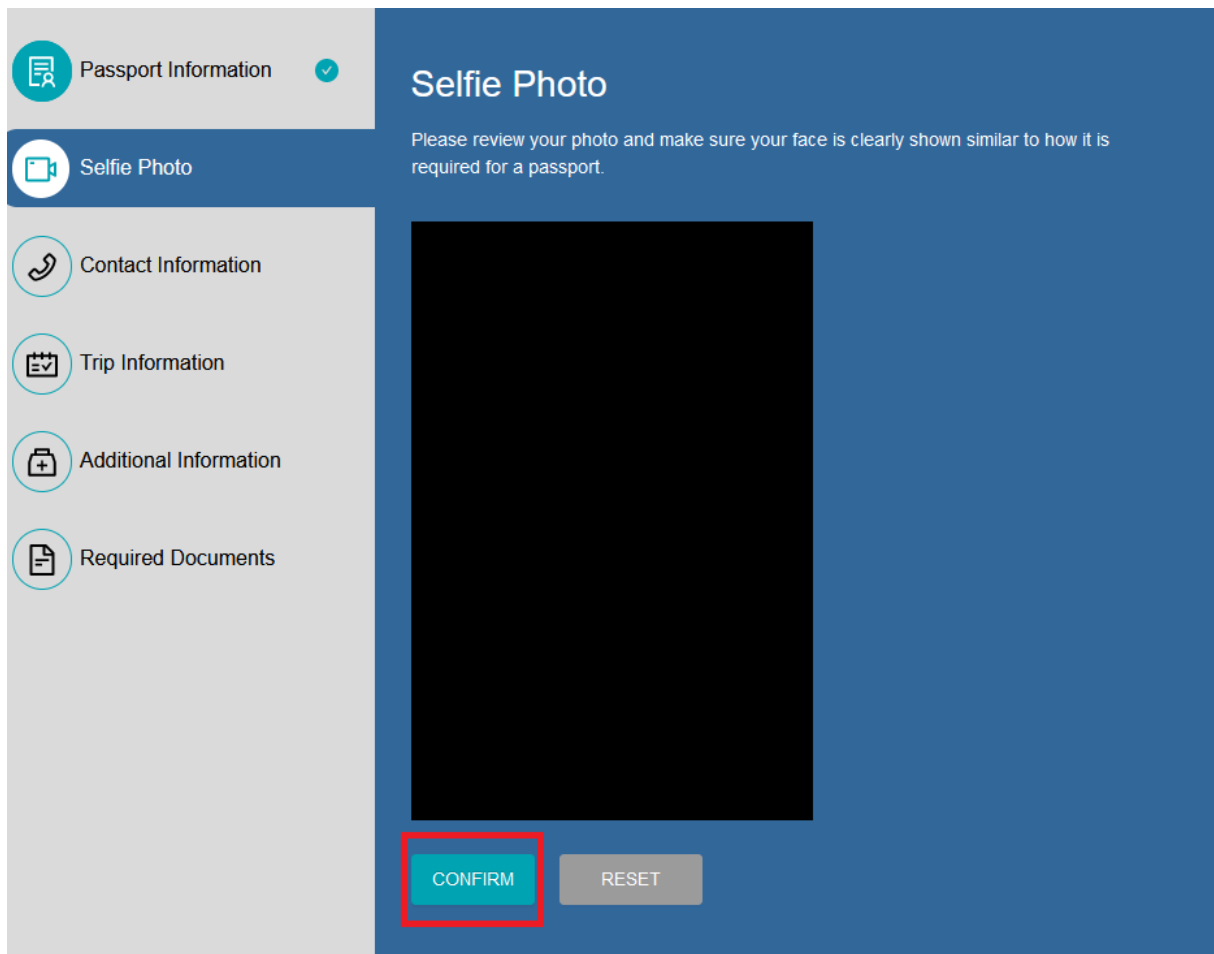
Drag & drop a photo or scan of the first page of your passport or click here to manually select.

Browse



4. Wgraj zdjęcie twarzy





5. Uzupełnij dane kontaktowe

The screenshot shows the 'Contact Information' step of the passport application. The sidebar on the left shows 'Passport Information' and 'Selfie Photo' as completed steps, and 'Contact Information' as the current step. The main content area is titled 'Contact Information' and contains the following sections:

- Phone Number:** A dropdown menu is set to 'Poland +48'. The input field is labeled 'Phone Number' with the Polish text 'Numer telefonu' in red.
- Email Address:** An input field labeled 'Email Address' with the Polish text 'Email' in red.
- HOME ADDRESS:** A section header followed by the instruction: 'If you don't find your street address, please enter your neighborhood, city and country.' Below this is an input field labeled 'Your Address in Poland' with the Polish text 'Adres w Polsce' in red and a search icon.
- OCCUPATION:** A section header followed by the instruction: 'Please enter your occupation in the field below.' Below this is a dropdown menu labeled 'Select Occupation' with the Polish text 'Wybierz zawód' in red.
- EMERGENCY CONTACTS:** A section header followed by the instruction: 'Please specify at least one emergency contact.' Below this is a button labeled 'Add Contact' (highlighted with a red box) and the instruction '(Kliknij aby dodać dane osoby kontaktowe)' in red.

At the bottom of the form is a 'SAVE INFORMATION' button.

EMERGENCY CONTACTS

Please specify at least one emergency contact.

Phone Number **Numer telefonu**

Pełne dane osoby do kontaktu

32.13 (r2326) SYC PROD
Security SA 2021

6. Uzupełnij dane dotyczące podróży

Trip Information

We collect this information to understand when you will arrive in our country, where you will stay, and the purpose of your visit. Due to COVID we need to be able to locate you, you need to provide the dates and details of each hotel stay while in Seychelles. Please make sure to account for each night.

PRIMARY PURPOSE OF VISIT **Główny cel wizyty**

Holiday **zaznaczamy**
 Honeymoon

Business
 Transit

Friends & Family
 Getting Married

Consultant
 Work (Short Term) GOP

Work (Long Term) GOP
 Crew (planes or ships)

Seaman
 Personal Helper

Diplomat on Official Visit
 Other

TRIP INFORMATION


Przewidywana data przylotu na Seszele

Your expected arrival date in the Seychelles.

Select Airline **Wybierz linię lotniczą** Flight Number **Numer lotu**

Select Departure Country of your trip **Wybierz kraj wylotu**

Please select the country where your trip will start

 Departure Date (date of return journey) **Data wylotu z Seszeli**


Your expected departure date from the Seychelles. This is the date when you will leave the Seychelles.



Next Destination after the Seychelles **Wybierz kraj, do którego wracasz. Nie wpisuj portów przesiadkowych**

Select the next country where you will fly or sail to after the Seychelles. Please do not select any transit points.

ADDRESS(ES) IN SEYCHELLES

Name of hotel/guesthouse, boat charter company for liveaboard, employer's company name for seamen and workers.

Where are you staying in Seychelles? **Wybierz nazwę hotelu** 

 From Date **Data od**  To Date **Data do**

SAVE INFORMATION **ZAPISZ**

7. Uzupełnij dane dotyczące zdrowia

- ✔ Passport Information
- ✔ Selfie Photo
- ✔ Contact Information
- ✔ Trip Information
- Additional Information
- Required Documents

Additional Information

Current destination regulations require you to provide the following additional information. Kindly answer all of the questions below.

Health Information CLICK TO COMPLETE

Answer a few questions related to current health and how you feel.

10%

Customs Declaration CLICK TO COMPLETE

Answer a few questions related to what you are carrying upon entry.

0%

Insurance Information

I have health insurance covering COVID-19, valid in the Seychelles, for the entirety of my trip.

- ✔ Passport Information
- ✔ Selfie Photo
- ✔ Contact Information
- ✔ Trip Information
- Additional Information
- Required Documents

Health Information

Answer a few questions related to current health and how you feel.

What countries have you been to within the last 14 days?

Poland +

Have you been diagnosed with COVID-19 at any time during the 14 days prior to your journey?

Czy zdiagnozowano u Ciebie COVID-19 w ciągu 14 dni poprzedzających podróż?

Have you been in close contact (e.g. less than 2 meters for more than 15 minutes) with a person who has COVID-19 in the 14 days prior to your journey?

Czy byłeś/aś w bliskim kontakcie z osobą, która została pozytywnie zdiagnozowana na Covid-19 w ciągu 14 dni poprzedzających podróż?

Are you required by local or national regulations where you start your trip to be in quarantine for reasons related to COVID-19 for a period that includes the date of the journey?

Czy lokalne lub krajowe przepisy kraju, w którym rozpoczynasz podróż, wymagają, aby z przyczyn związanych z COVID-19 odbyć kwarantannę przez okres obejmujący datę podróży?

Have you experienced a sudden loss of taste or smell in the last 14 days?

Czy w ciągu ostatnich 14 dni doświadczyłeś naglej utraty smaku lub zapachu?

Have you experienced a fever or flu-like symptoms in the last 14 days?

Czy w ciągu ostatnich 14 dni wystąpiła gorączka lub objawy grypopodobne?

Have you experienced a sore throat in the last 14 days?

Czy doświadczyłeś bólu gardła w ciągu ostatnich 14 dni?

Have you experienced any joint pain in the last 14 days?

Czy doświadczyłeś bólu stawów w ciągu ostatnich 14 dni?

Have you experienced coughing in the last 14 days?

Czy w ciągu ostatnich 14 dni miałeś kaszel?

Have you experienced any breathing difficulties in the last 14 days?

Czy w ciągu ostatnich 14 dni wystąpiły problemy z oddychaniem?

SAVE INFORMATION

ZAPISZ

8. Uzupełnij deklarację celną

The screenshot shows a digital form interface for a travel declaration. On the left is a vertical sidebar with five menu items: 'Passport Information' (checked), 'Selfie Photo' (checked), 'Contact Information' (checked), 'Trip Information' (checked), and 'Additional Information' (selected and highlighted in blue). Below these is 'Required Documents'. The main content area is titled 'Additional Information' and contains three sections: 'Health Information' (with a 'CLICK TO EDIT' link and a progress bar at 100%), 'Customs Declaration' (with a 'CLICK TO COMPLETE' link, a progress bar at 0%, and a red arrow pointing to it), and 'Insurance Information' (with a radio button). The text for 'Customs Declaration' reads: 'Answer a few questions related to what you are carrying upon entry.'

Passport Information ✓

Selfie Photo ✓

Contact Information ✓

Trip Information ✓

Additional Information

Required Documents

Customs Declaration

Answer a few questions related to what you are carrying upon entry.

Are you or will you be bringing into Seychelles any animal or plant, any product of animal or plant origin, any kind of biological specimen and any tool or equipment used for rearing of animals and cultivation of plants?

YES

NO

Czy przywozisz na Seszele jakiegokolwiek zwierzę lub roślinę, jakiegokolwiek produkt pochodzenia zwierzęcego lub roślinnego, wszelkiego rodzaju okazy biologiczne oraz wszelkie narzędzia lub sprzęt używany do hodowli zwierząt i uprawy roślin?

In the past 14 days, have you visited a forest, farm, nature park or had any contact with farm animals or visited any properties that slaughters or processes animals?

YES

NO

Czy w ciągu ostatnich 14 dni odwiedziłeś las, gospodarstwo rolne, park przyrody lub miałeś kontakt ze zwierzętami hodowlanymi lub odwiedziłeś jakiegokolwiek obiekt, w których uboju lub przetwórstwa zwierząt dokonuje się?

Do you or will you have in your possession controlled substances, obscene articles, toxic substances, similar Seychelles military wear, firearms, spear guns and any dangerous weapons?

YES

NO

Czy masz lub będziesz mieć w swoim posiadaniu substancje kontrolowane, nieprzyzwoite artykuły, substancje toksyczne, podobne ubrania wojskowe Seszele, broń palną, włócznię i inną niebezpieczną broń?

Are you or will you be transporting currency or monetary instruments of a value greater than the equivalent of SCR50,000 or foreign equivalent, in any form?

YES

NO

Czy przewożysz lub będziesz przewozić walutę o wartości większej niż równowartość 50 000 SCR lub równowartość w walucie obcej, w jakiegokolwiek formie?

Do you have in your possession or will you bring any commercial merchandise?

YES

NO

Czy masz w swoim posiadaniu lub posiadasz jakiś towar komercyjny?

Does the total value of all goods that were purchased abroad and that will remain in the Seychelles exceed SCR5,000 or equivalent?

YES

NO

Czy całkowita wartość wszystkich towarów zakupionych za granicą i pozostających na Seszelach przekracza 5000 SCR lub równowartość?

Do you or will you have any goods that belongs to another person in your possession?

YES

NO

Czy posiadasz lub będziesz mieć w posiadaniu jakieś towary należące do innej osoby?

Do you or will you have any excess of your duty free allowances?

YES

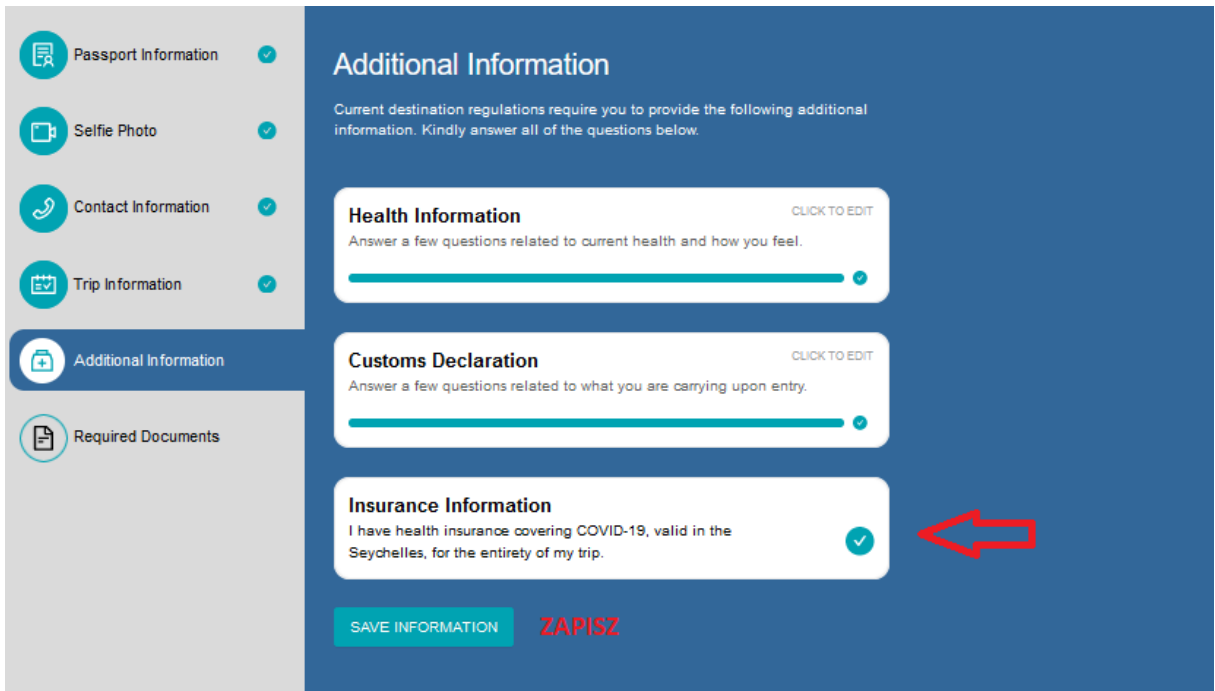
NO

Czy masz lub będziesz mieć nadwyżkę swoich dóbr bezcłowych?

SAVE INFORMATION

ZAPISZ

9. Potwierdź posiadanie ubezpieczenia



Additional Information

Current destination regulations require you to provide the following additional information. Kindly answer all of the questions below.

Health Information CLICK TO EDIT
Answer a few questions related to current health and how you feel.

Customs Declaration CLICK TO EDIT
Answer a few questions related to what you are carrying upon entry.

Insurance Information CLICK TO EDIT
I have health insurance covering COVID-19, valid in the Seychelles, for the entirety of my trip.

SAVE INFORMATION **ZAPISZ**

10. Dodaj wymagane dokumenty. Negatywny wynik testu PCR w języku angielskim lub francuskim lub zaświadczenie o przebytych szczepieniu (od podania drugiej dawki musi minąć min. 14 dni). Jeśli byłeś w kraju, w którym występuje żółta febra, prześlij zaświadczenie o szczepieniu. Dodaj skan umowy potwierdzającej dokonanie rezerwacji.

Passport Information ✓

Selfie Photo ✓

Contact Information ✓

Trip Information ✓

Additional Information ✓

Required Documents

Required Documents

Please upload the following supplemental document(s) identified below. Documents denoted with an * are mandatory.

COVID-19 RT-PCR test result. In English or French only. *

Test result must be negative and sample time in report must meet the requirement specified for your country of origin in the Seychelles Travel Advisory (<https://advisory.seychelles.travel>) site.

Drag & drop a photo or scan of the required document or click here to manually select.



Browse



COVID-19 Vaccination Certificate or Health Passport

Please upload your COVID-19 (international) vaccination certificate or health passport. Vaccination certificate must show second shot was given at least 2 weeks prior to start of trip. In English or French only.

Drag & drop a photo or scan of the required document or click here to manually select.



Browse



Yellow Fever Vaccination Certificate

If you have been to a country where Yellow Fever is present, please upload your vaccination certificate

Drag & drop a photo or scan of the required document or click here to manually select.



Browse



Hotel Booking Confirmations *

Please upload your booking confirmation for your entire stay in Seychelles (Hotels, Airbnbs, company name, boat charter name). Enclose title or justification of ownership if staying in your own place. For visiting friends and family, enclose a letter of invitation.

Drag & drop a photo or scan of the required document or click here to manually select.



Browse



SAVE INFORMATION

ZAPISZ

11. Potwierdź poprawność wprowadzonych danych.

- Passport Information ✓
- Selfie Photo ✓
- Contact Information ✓
- Trip Information ✓
- Additional Information ✓
- Required Documents ✓

Confirm and Proceed

I hereby declare and confirm that I have filled the information required accurately completely and correctly, and that I have not withheld any relevant medical information or made any misleading statements. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I shall be held liable for it. I understand and agree that this declaration is final and irrevocable and accept to digitally sign this request. The information provided can be reviewed and edited by clicking on the relevant sections. I have read and agreed to the Terms and Conditions of Use, as well as the Data Privacy Policy.

I am the applicant and I understand and agree that this declaration is final and irrevocable and accept to digitally sign this request.

I am NOT the applicant and I am completing this form on behalf of someone, either as an agent, as a legal guardian or as a parent of a child for whom I have legal authority. I do understand and agree that this declaration is final and irrevocable and accept to digitally sign this request.

ADDITIONAL NOTES

Please add any additional information that you believe would help us better process your application.

Jestem wnioskodawcą i rozumiem i zgadzam się, że niniejsza deklaracja jest ostateczna i nieodwołalna oraz zgadzam się na podpisanie tego wniosku w formie elektronicznej.

NIE jestem wnioskodawcą i wypełniam ten formularz w imieniu kogoś, jako agenta, opiekuna prawnego lub rodzica dziecka, do którego mam upoważnienie prawne. Rozumiem i zgadzam się, że niniejsza deklaracja jest ostateczna i nieodwołalna i zgadzam się na cyfrowe podpisanie tej prośby.

CONFIRM & PROCEED **POTWIERDŹ I PRZEJDŹ DALEJ**

12. Postępuj zgodnie z kolejnymi krokami.

Authorization Processing Period

If you apply at least 12 hours from your flight departure time use "Standard". If you apply between 12 hours and 60 minutes from your flight departure time use "Urgent".

Standard Processing	€10.00
Your application will be processed in 9 hours or less	<input checked="" type="radio"/>
Urgent Processing	€70.00
Your application will be processed in 60 minutes or less	<input type="radio"/>

CONFIRM & PROCEED **POTWIERDŹ I ZAPISZ**

13. Możesz wybrać test, który wykonasz przed powrotem – opcjonalnie. Możesz pominąć ten krok.

Buy a COVID-19 Test for your Trip Home in the Privacy of Your Hotel - Save 50%

Secure a FAST TRACK TEST in the comfort of your Hotel with a special 50% discount for purchasing now on the Travel Authorization. This service visits all Hotels on every island in Seychelles. Your hotel will arrange your test with results the same day.

Seychelles Medical Private Testing is the largest laboratory with its own Airport VIP Concierge Lounge for clients to use for free on Departure.

Most countries require a COVID-19 Test to fly home. Hotels will charge €225 for booking the same Test. Enjoy a 50% discount and also save time as your Travel Authorization information will be used to issue your Certificate, avoiding the inconvenience of filling out more forms.

PCR Test

€112.50 / Test

Seychelles Medical will visit your hotel the day before you fly for a Fast Track PCR Test. Your International Travel Certificate is emailed by Midnight the same day. Tell your hotel you've paid for your Test on the Travel Authorization and they will arrange everything. If you prefer, you can visit their testing locations found all over Seychelles including the Airport. Open 8am - 11pm, every day. You can even print your certificate in the pre departure Airport VIP Lounge for free.



OR

Antigen Test

€87.50 / Test

Seychelles Medical will visit your hotel the day before you fly for a Fast Track ANTIGEN Test. Your International Travel Certificate is emailed within 15 minutes. Tell your hotel you've paid for your Test on the Travel Authorization and they will arrange everything. If you prefer, you can visit their testing locations found all over Seychelles including the Airport. Open 8am - 11pm, every day. You can even print your certificate in the pre departure Airport VIP Lounge for free.



By purchasing a Test, I agree that my identity and contact information will be shared with Seychelles Medical Services in order to allow delivery of the service.

SKIP & PROCEED

POMIŃ I PRZEJDŹ DALEJ

14. Możesz wesprzeć lokalny fundusz ochrony środowiska – opcjonalnie. Możesz pominąć ten krok.

We have a special request for you today

Please consider donating to the Environmental Trust Fund. It was established as a special fund in 1994 under the Public Finance Management Act with the objectives of reducing pollution, protecting the environment, beautifying Seychelles and promoting environment education.

Donate €10.00

Donate €50.00

Donate €100.00

Donate €500.00

[SKIP & PROCEED](#) [POMIŃ I PRZEJDŹ DALEJ](#)

15. Przejdź do płatności.

Pay Securely on this Site

Our payment provider meets the highest and strictest security standards.

Authorization Fee	€10.00	Name
<small>Standard (9 hours processing time)</small>		
Total	€10.00	Card number MM / YY
		PAY €10.00
		BACK

 PCI DSS Level 1 certification

 AFSL in Australia, E-Money License in Europe, and registered MSB in Canada

 SSAE18/SOC 1 type 1 and type 2 and SSAE18/SOC 2 type 1 and type 2 reports

 PSD2 and Strong Customer Authentication (SCA) compliant