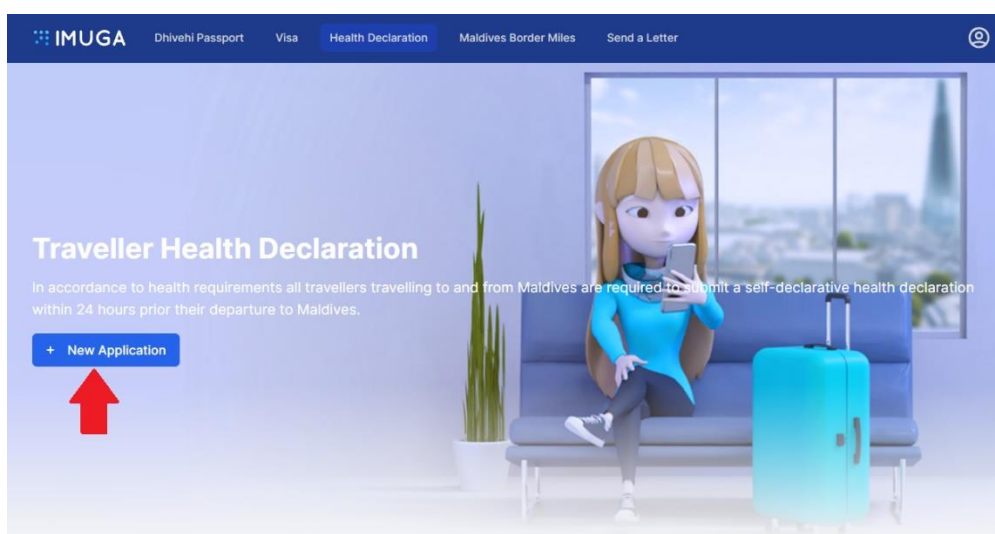


Instrukcja wypełniania formularza przed wyjazdem na Malediwy

1. Wejdź na stronę <https://imuga.immigration.gov.mv/ethd/create>



COVID-19 Travel Advisory

- Effective from 23rd July 2021, Maldivians and Work Visa Holders are allowed to travel to the Maldives and to comply with the following requirements:
 - Maldivians and Work Visa holder Should hold a valid negative PCR test result with a sample taken at most 96hours prior to embarkation at first port enroute to Maldives.
 - Individual(s) who have received all the prescribed doses of a Covid-19 vaccine that has been approved by Maldives Food and Drug Authority or WHO for emergency (EUL: Status of COVID-19 Vaccines within WHO EUL/PQ evaluation process), and completed 14 (fourteen) days (prior to date of arrival) after the prescribed dose(s) of a vaccine, will not have to quarantine. Children who are not eligible for vaccination, accompanying the aforementioned individual(s) can also travel without having to quarantine. Individual(s) (including children) traveling with this exemption, should do a PCR test between 5-7 days from arrival in Maldives
 - The individual(s) who have tested positive for COVID-19 in the Maldives and recovered; if not exceeded 60 (Sixty) days from the date of positive sample collection, will not have to quarantine. Children who are not eligible for vaccination, accompanying the aforementioned individual(s) can also travel without having to quarantine). Children traveling with this exemption should undertake PCR testing between 5-7 days from arrival.
 - Those who do not fit into the criteria stated above in (b) and (c), would be required to quarantine for 14-days (fourteen) after arrival to Maldives. Such individual(s) must obtain a negative PCR test result on completion of the 14 days, before they are released from quarantine.
- Tourists must have a hotel reservation confirmation for the entire stay in a registered tourist facility.
- Effective from 26th July 2021 onwards, Tourists intending to check-in or stay at tourist facilities in inhabited islands will be Permitted if;
 - they have completed prescribed dose(s) of a COVID19 vaccine (approved by World Health Organization Emergency Use Listing (EUL) or Maldives Food and Drug Authority), and at least 14 (fourteen) days have passed after the completion of the prescribed dose(s), and
 - hold a negative result for a nucleic acid test (PCR tesQ for COVID- 19 with sample taken at most 96 hours before departure from the first port of embarkation.
- Effective from 08th July 2021, Work Visa holders originating from South Asian countries are allowed to travel to the Maldives but they are obliged to comply with the **Quarantine Guidelines for Work Permit Holders Travelling from South Asia**
- Tourists are required to follow guidelines in place by the Ministry of Tourism <https://tourism.gov.mv>
- Travelers who develop COVID-19 signs and symptoms will be tested for COVID-19 and if the test result is positive, the traveler will be subject to isolation as per the Health Protection Agency protocols.
- Travelers who are contacts of COVID-19 cases will be subject to quarantine as per the Health Protection Agency protocols.

Last Updated: 30 Aug 2021

Arrival

Departure

2. Dane personalne i dane dotyczące podróży.

Nationality*	
NARODOWOŚĆ	
Given Name(s)*	Surname*
IMIĘ	NAZWISKO
Passport Number*	Sex*
NUMER PASZPORTU	PLEĆ
Place of Birth*	Date of Birth*
MIEJSCE URODZENIA	DATA URODZENIA
Passport Expiry Date*	Email Address*
DATA WAŻNOŚCI PASZPORTU	ADRES EMAIL
Port of Entry*	Mobile Number (With Country Code, without + sign)*
Velana International Airport / Male' Seaport	NUMER TELEFONU ZACZYNAJĄC OD +48
Alternate Mobile Number (With Country Code, without + sign)*	Arrival Date*
Alternate Mobile Number (With Country Code, without + sign)	DATA PRZYLOTU
Flight/Ship Number*	Seat/Deck Number (Optional)
NUMER LOTU	Seat/Deck Number (Optional) NUMER SIEDZENIA (OPCJONALNIE)
Country of beginning of this trip*	Duration of Stay, if Arrival (Days)*
KRAJ W KTÓRYM ROZPOCZYNASZ PODRÓŻ	DŁUGOŚĆ POBYTU
Country of Residence*	Mode of Transport*
KRAJ ZAMIESZKANIA	TYP TRANSPORTU, BY AIR

3. Dodaj swoje zdjęcie – zdjęcie portretowe, paszportowe, musi przedstawiać twarz, górę ramion, nie może przedstawiać innych osób lub obiektów w tle.

A Photo of Yourself*

Take a photo at your convenience, it can even be from your mobile phone. Be a close-up of your full head and upper shoulders, Contain no other objects or people, Preferably be taken against light background, Be in clear contrast to the background, Should not have 'red eye', Be facing forwards and looking straight at the camera, Have a plain expression and your mouth closed, Have your eyes open and visible, Should not have hair in front of your eyes, Should not have a head covering (unless it's for religious or medical reasons), Should not have anything covering your face, Should not have any shadows on your face or behind you, Do not wear sunglasses or tinted glasses. You can wear other glasses if you need to, but your eyes must be visible without any glare or reflection.

Wybierz plik Nie wybrano pliku



4. Szczegółowe informacja dotyczące pobytu.

Place of Residence*	Residing in Greater Male' Area (Male',Villimale', Hulhumale')*	
<input type="text" value="MIEJSCE POBYTU"/>	<input type="text" value="NO"/>	
Which Island will you be staying in?*	Which Facility (Guesthouse) will you be staying in?	
<small>If you are staying on a liveaboard please select K.Male'</small>	<small>Specify only if you are not staying in a Resort.</small>	
<input type="text" value="NA KTÓREJ WYSPIE SIĘ ZATRZYMASZ"/>	<input type="text"/>	
Purpose of your Trip*		
<input type="text" value="HOLIDAY"/>		
Address in Maldives*		
<input type="text" value="ADRES HOTELU"/>		
Employer Name	Permit Number (If you have a valid Visa)	Permit Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>


5. Informacje dotyczące zdrowia.

Yellow Fever	Country List
<input type="checkbox"/> CZY W CIAGU OSTATNICH 6 DNI PODRÓŻOWAŁEŚ LUB PRZEJEŹDZAŁEŚ TRANZYTEM PRZED KRAJE OBJETE RYZYKIEM ŻÓLTEJ FEBRY	<input type="checkbox"/> CZY SZCZEPIŁEŚ SIĘ RPZECIWKO ŻÓLTEJ FEBRZE PRZYNAJMNIEJ 10 DNI PRZED PODRÓŻĄ?
Date of Yellow Fever Vaccination	
<input type="text" value="dd . mm . rrrr"/> DATA SZCZEPIENIA PRZECIWKO ŻÓLTEJ FEBRZE	
Travel History	
Countries that you travelled to or transited in the last 14 days.	
<input type="text" value="KRAJE DO KTÓRYCH PODRÓŻOWAŁEŚ LUB PRZEZ KTÓRE PRZEJEŹDZAŁEŚ W CIĄGU OSTATNICH 10 DNI"/>	
Review the application carefully before submission. Providing incorrect information could lead to denial of entry in accordance with The Maldives Immigration Act 2007.	
<input type="button" value="Cancel"/>	<input type="button" value="Submit"/>


6. Zatwierdzenie formularza. Po zatwierdzeniu otrzymasz kod QR.

Traveller Health Declaration Verification

Note
This Health Declaration is valid till 2022-03-20 16:13:24 (UTC +5)



Arrival
EHU8989



zhTV5E

Your Health Declaration has been successfully submitted. You are advised to retain the confirmation QR code for future references.

[SAVE](#)