DECLARATION

Name _____ Surname _____

Personal Number
Identification No. _____ Date of Birth _____
(dd/mm/yyyy)

Citizenship _____

The details of the person if the declaration is filled in for the child or dependent person:

Name _____ Surname _____

Personal Number
Identification No. _____ Date of Birth _____
(dd/mm/yyyy)

have stayed in such countries for the last 14 days :

Country _____ Date of departure _____.____._____

Country _____ Date of departure _____.____._____

Arrived to LATVIA:

- By public transport (*indicate type of transport, flight number, seat or cabin number.***):**

by plane ☐   by bus ☐   by ship/ferry/yacht/pleasure boat ☐   by train ☐

flight number ☐☐☐☐☐☐   seat or cabin number ☐☐☐☐

- Without using public transport ☐

Planned residence for a further 14 days:

Latvia ☐

Address of actual residence in Latvia, where I shall be reached for the next 14 days:

County _____ Parish _____

City _____ Village _____

Street _____

House name (Hotel) _____

House number _____ Building _____ Apartment number _____

Other country _____ Address _____

Contact telephone numbers _____

Email for contact _____

I declare that I have been informed that epidemiological security measures have been established in Latvia to limit the spread of Covid-19 infection[1] and I undertake to comply with those measures.

All arrivals from the country published on the website of the Centre for Disease Prevention and Control (hereinafter referred to as "CDPC"): https://www.spkc.gov.lv/lv/valstu-saslimstibas-raditaji-ar-covid-19-0) to which the special precautionary and restrictive measures are applied ensure self-isolation (14 days since leaving the country published on the CDPC website person should ensure self-isolation at the place of residence or another place of stay (at the below-mentioned address), avoid close contact with any person, do not visit public places and use face and mouth cover travelling to the place of self-isolation by public transport, monitor health and be available to be contacted by CDPC epidemiologists).

By my signature I confirm that information given in this form is true and correct, as well I'm informed that the processing of personal data is being carried out in accordance to points (e) and (d) of Article 6(1) of REGULATION (EU) 2016/679 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation), with a purpose – protection of the vital interests of society

Date _____.____._____   Signature _____

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[1] Latvian Republic Cabinet Order No 360 „Epidemiological safety measures for limiting the spread of Covid-19 infection" (adopted in 9 June 2020)