

APPLICATION CODE : 4D9KGR

THIS IS YOUR APPLICATION CODE TO ACCESS THE FORM,  
PLEASE SAVE IT SECURELY AND DONT SHARE WITH ANYONE.  
[LOGOUT](#)



## GENERAL INFORMATION

PERMANENT ADDRESS

Bolshaya Vasil'kovskaya street, 34

CITY

Kyiv

MODE OF TRANSPORTATION

Air Transport

ARRIVAL

DEPARTURE

STATE / (ex: New York)

Kiev

POSTAL CODE

01004

COUNTRY OF RESIDENCE

Ukraine

DO YOU MAKE STOPS IN OTHER COUNTRIES?

NO  YES

NEXT



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GENERAL INFORMATION



MIGRATORY INFORMATION



CUSTOMS INFORMATION



PUBLIC HEALTH



## MIGRATORY INFORMATION

PASSENGER 1

NAMES

Name

LAST NAMES

Last name

DATE OF BIRTH

03/12/1990

GENDER

FEMENINE

PLACE OF BIRTH

Ukraine

COUNTRY OF NATIONALITY

Ukraine

PASSPORT

AA123456

CONFIRM PASPORTE

AA123456

CIVIL STATUS

Married

OCUPATION

Entrepreneur

ARE YOU GOING TO STAY AT A HOTEL?

NO  YES

HOTEL

Hilton La Romana (Dreams Dominicus)

[CLICK HERE TO SELECT](#)

NAME OF THE BOARDING PORT

Boryspil International Airport

[CLICK HERE TO SELECT](#)

FLIGHT NUMBER

PS2205

FLIGHT DATE

27/12/2020

DISEMBARKATION PORT

LRM - AEROPUERTO INTERNACIONAL LA ROMANA

FLIGHT NUMBER

PS2206

MOTIVE

Others

TRANSPORTATION COMPANY

Ukraine International Airlines

DAYS OF STAYING

11

THIS FIELD IS REQUIRED

SPECIFY MOTIVE OF STAYING

Travel

PREVIOUS STEP

NEXT



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PUBLIC HEALTH

NAME

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## CUSTOMS INFORMATION

DO YOU BRING OR BRING WITH YOU OR IN YOUR LUGGAGE (S), YOU AND / OR YOUR FAMILY MEMBERS, CURRENCY VALUES OR ANOTHER PAYMENT INSTRUMENT, AN AMOUNT IN EXCESS OF USD \$ 10,000.00 OR ITS EQUIVALENT IN ANOTHER ( S) TYPE (S) OF CURRENCY (S)? NO  YES

ARE YOU THE OWNER OF THE VALUES YOU CARRY? NO  YES

DO YOU BRING WITH YOU OR IN YOUR LUGGAGE LIVE ANIMALS, PLANTS OR FOOD PRODUCTS? NO  YES

DO YOU BRING WITH YOU OR IN YOUR BAGGAGE GOODS SUBJECT TO TAX PAYMENT? NO  YES

NOTE: THE PRESENTATION OF THIS DECLARATION IS MANDATORY FOR ALL PASSENGERS WHO LEAVE OR ENTER THE DR. FOR MINORS, THIS FORM MUST BE COMPLETED AND SIGNED BY THE RESPONSIBLE ADULT. THE DECLARATION OF INFORMATION FAULTS OR INCOMPLETES MAY ORIGINATE PENALTIES SUCH AS SEIZURES OF SECURITIES, OF GOODS AND DEPRIVATION OF FREEDOM, ACCORDING TO ARTICLE 200 OF LAW 3489, OF CUSTOMS REGIME, AND ARTICLE 4 OF LAW NO. 155-17 AGAINST WASHING ASSETS. THIS DECLARATION MUST BE SIGNED BY THE PASSENGER WHERE IT IS INDICATED

PREVIOUS STEP

NEXT

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MIGRATORY INFORMATION



CUSTOMS INFORMATION



PUBLIC HEALTH



## PUBLIC HEALTH

NAME

TRANSIT COUNTRIES BEFORE ARRIVING IN THE DOMINICAN REPUBLIC 

COUNTRIES VISITED IN THE LAST 30 DAYS 

### DECLARATION OF SIGNS AND SYMPTOMS

None

Sore throat

Muscle pain

Headache

Runny nose

Cough

Shaking chills

Breathing difficulty

Fatigue

Fever

SPECIFY

PHONE NUMBER

380671234567

PREVIOUS STEP

SUBMIT



## Accept Terms



I declare to the competent authorities that the data provided are true and I submit to the sanctions established by law to check any false information.



I declare to the competent authorities that the information provided is true and I submit to the penalties established by law for checking any false information.



I declare that the information provided here is true and I accept that the false declaration by me is considered a violation of national health regulations.

OK

Cancel



## REPUBLICA DOMINICANA

TICKET DE EMBARQUE Y DESEMBARQUE DE LA REPUBLICA DOMINICANA

NOMBRE: NAME

PASAPORTE: AA123456

NACIONALIDAD: UKR

FECHA DE EMISION: 16/12/2020



SALIR

GENERAR PDF