



INTERNATIONAL - AIR PASSENGER TRAVEL FORM (I-APTF)

*One form should be completed by one passenger. Print in block letters only.

A. PERSONAL INFORMATION

Title: _____ Surname: _____ Given Name(s): _____ DoB: _____ Gender: _____ Marital Status: _____
Residential Address: _____ Postal Address: _____
Occupation: _____ Phone (Office): _____ Mobile: _____ Email: _____

B. TRAVEL INFORMATION

Passport No: _____ Nationality: _____ Citizenship: _____
Proposed Travel Date: _____ From: _____ Via: _____ To: _____ Reason for Travel: _____
If traveling for essential business, provide name of employer: _____ Nature of business: _____
**If you are a non-PNG citizen, please provide the following:* Visa No: _____ Work Permit No: _____
Which countries have you been in within the last 14 days? A.) _____ B.) _____ C.) _____

C. DEPENDANTS INFORMATION (Part 1)

Do you have any dependants aged eighteen (18) and below traveling with you? _____ If **YES**, please indicate the number of dependants _____

**If you have answered YES to the above question, please fill in the details at C. DEPENDANTS INFORMATION (Part 2) on Page 2 of this form*

D. MANDATORY QUARANTINE INFORMATION

Where will you be staying during the quarantine period? (Select a designated hotel or an approved facility from the list) _____

E. EMERGENCY CONTACT INFORMATION

*Next of kin or someone who can reach you reliably:

Title: _____ Surname: _____ Given Name(s): _____ Gender: _____ Relationship: _____
Town / City: _____ State / Province: _____ Country: _____ Phone (Office): _____ Phone (Mobile): _____

F. IDENTIFICATION (Passport Bio-data Page)

**Insert the image of your passport bio-data page that you have specified in section B. TRAVEL INFORMATION. (Please note that the size of the image must not exceed 2MB. Only JPEG and PNG formats will be accepted)
For Non-PNG Citizens, include copies of your visa and work permit*

Image of Passport Bio-data Page

Image of PNG Visa

Image of PNG Work Permit

G. VACCINATION INFORMATION

Please enter all appropriate information regarding vaccination in the fields below.

Have you been vaccinated? _____
Please indicate the type of vaccine that you have received: _____
If you have selected *Other*, please indicate the type of Vaccine received: _____
How many doses of this vaccine have you received so far? _____
Date of 1st Dose: _____
Date of 2nd Dose: _____

Image of COVID-19 Vaccination Card / Certificate

H. TERMS & CONDITIONS

1. The International - Air Passenger Travel Form (I-APTF) has been introduced under the authority of the **National Pandemic Act 2020**.
2. All travellers are strictly advised to mandatorily fill this form and provide Factual Information when completing it. The approved form must be presented to the airline employees at the counter before being accepted for checking in for the flight.
3. Any passenger who knowingly gives false information in this form will be considered as purposely committing an offence under **Section 47 (d) of the National Pandemic Act 2020**.
4. Travellers are discouraged from displaying any non-compliant behaviour, which may be deemed as an offence against airline operators and their employees when discharging their duties.
5. In relation to any incident to (4) above, "Intimidates" as specified under **Section 10 (b)** may be applied; including on any related action on social media platform including Facebook, Twitter, Instagram and Tik Tok.

I. DECLARATION SECTION

I have read and understood the terms and conditions set out above; and I make this declaration by virtue of the **National Pandemic Act 2020** conscientiously believing this information contained therein to be true in every particular. If I allow information to be stated on anything which is misleading or false, I will be liable for prosecution under the **National Pandemic Act 2020**.

Signature: _____

Date: _____

C. DEPENDANTS INFORMATION (Part 2)

Dependant 1

Surname: _____ Given Name(s): _____ Gender: _____ DoB: _____ Age: _____ Relation: _____

**Please provide the following where applicable:* Visa No: _____

Have you been vaccinated? _____

Please indicate the type of vaccine that you have received: _____ Date of 1st Dose: _____

If you have selected *Other*, please indicate the type of Vaccine received: _____ Date of 2nd Dose: _____

How many doses of this vaccine have you received so far? _____

**Insert the image of your passport bio-data page, a copy of your visa (non-PNG citizens) and also a copy of your vaccination card / certificate. (Please note that the size of the image must not exceed 2MB. Only JPEG and PNG formats will be accepted)*

Image of Passport Bio-data Page

Image of PNG Visa

Image of COVID-19 Vaccination Card / Certificate

Dependant 2

Surname: _____ Given Name(s): _____ Gender: _____ DoB: _____ Age: _____ Relation: _____

**Please provide the following where applicable:* Visa No: _____

Have you been vaccinated? _____

Please indicate the type of vaccine that you have received: _____ Date of 1st Dose: _____

If you have selected *Other*, please indicate the type of Vaccine received: _____ Date of 2nd Dose: _____

How many doses of this vaccine have you received so far? _____

**Insert the image of your passport bio-data page, a copy of your visa (non-PNG citizens) and also a copy of your vaccination card / certificate. (Please note that the size of the image must not exceed 2MB. Only JPEG and PNG formats will be accepted)*

Image of Passport Bio-data Page

Image of PNG Visa

Image of COVID-19 Vaccination Card / Certificate

Dependant 3

Surname: _____ Given Name(s): _____ Gender: _____ DoB: _____ Age: _____ Relation: _____

**Please provide the following where applicable:* Visa No: _____

Have you been vaccinated? _____

Please indicate the type of vaccine that you have received: _____ Date of 1st Dose: _____

If you have selected *Other*, please indicate the type of Vaccine received: _____ Date of 2nd Dose: _____

How many doses of this vaccine have you received so far? _____

**Insert the image of your passport bio-data page, a copy of your visa (non-PNG citizens) and also a copy of your vaccination card / certificate. (Please note that the size of the image must not exceed 2MB. Only JPEG and PNG formats will be accepted)*

Image of Passport Bio-data Page

Image of PNG Visa

Image of COVID-19 Vaccination Card / Certificate