



I, the undersigned,

Ms. /Mr.:

Date of birth:

Residing in :

City:

Region:

Nationality:

Passport number:

Telephone number:

Email address

Contact person in Madagascar:

ID number:

Telephone number:

I hereby commit to comply with all the health regulatory measures in force on the Malagasy territory:

- To present a certificate of a negative PCR test result conducted within 72 hours prior to boarding;
- To make a reservation and a payment for at least one (01) night in a hotel designated by the authorities for the quarantine;
- To take a PCR test (at a cost of 25€) upon my arrival in Madagascar;
- To take a licensed shuttle for my transfer to one of the designated hotels and to pay for the transfer cost;
- To stay in self-isolation for a period of 24 to 48 hours in a hotel assigned for that purpose by the authorities;
- To comply with the following quarantine measures:
 - To remain in the hotel room and not receive visits during the quarantine period
 - Not to leave the hotel until I am authorized to do so by the competent health authority

I understand and accept that I can leave the hotel only under the condition that I am tested negative on the PCR test conducted upon my arrival at the airport. In the case of a positive test result, I agree to remain in quarantine and comply with further instructions from the medical practitioner approved by the Malagasy health authority.

I am fully aware that any breach of the aforementioned conditions presents a risk to the life of others and is therefore liable to prosecution according to Article 317, paragraph 7 of the Penal Code.

Quarantine location (Hotel):

Done in _____, on

Please sign with the mention 'read and approved'