



AIR PASSENGER TRAVEL FORM (APTF)

*One form should be completed by an adult member of each family. Print in block letters only. Leave a box blank to indicate space.

A. PERSONAL INFORMATION

Title:	<input type="text"/>	Surname:	<input type="text"/>	Given Name(s):	<input type="text"/>	DoB:	<input type="text"/>	Marital Status:	<input type="text"/>	Gender:	<input type="text"/>
Residential Address:	<input type="text"/>					Postal Address:	<input type="text"/>				
Occupation:	<input type="text"/>		Phone (Office):	<input type="text"/>		Phone (Mobile):	<input type="text"/>		Email:	<input type="text"/>	

B. TRAVEL INFORMATION

Do you have an ID?:	<input type="text"/>	ID Type?:	<input type="text"/>	If you have other ID, please specify:	<input type="text"/>	ID No:	<input type="text"/>	Are you a PNG Citizen?:	<input type="text"/>	
Intended Travel Date:	<input type="text"/>	Port of Departure:	<input type="text"/>	Port of Arrival:	<input type="text"/>	Reason for Travel:	<input type="text"/>			
If reason for travel is Other , please specify:	<input type="text"/>		Where have you been in the last 21 days? List provinces: A.)	<input type="text"/>	B.)	<input type="text"/>	C.)	<input type="text"/>		

C. TRAVEL COMPANIONS

*Fill in this section if you have family members (children) below the age of 18 that are travelling with you.

Title:	<input type="text"/>	Surname:	<input type="text"/>	Given Name(s):	<input type="text"/>	DoB:	<input type="text"/>	Age:	<input type="text"/>	Gender:	<input type="text"/>
Title:	<input type="text"/>	Surname:	<input type="text"/>	Given Name(s):	<input type="text"/>	DoB:	<input type="text"/>	Age:	<input type="text"/>	Gender:	<input type="text"/>
Title:	<input type="text"/>	Surname:	<input type="text"/>	Given Name(s):	<input type="text"/>	DoB:	<input type="text"/>	Age:	<input type="text"/>	Gender:	<input type="text"/>
Title:	<input type="text"/>	Surname:	<input type="text"/>	Given Name(s):	<input type="text"/>	DoB:	<input type="text"/>	Age:	<input type="text"/>	Gender:	<input type="text"/>
Title:	<input type="text"/>	Surname:	<input type="text"/>	Given Name(s):	<input type="text"/>	DoB:	<input type="text"/>	Age:	<input type="text"/>	Gender:	<input type="text"/>

D. TEMPORARY ADDRESS

*If you are a traveller travelling into and within the country for business or essential services and will not be accommodated in the village or home of residence, list your place of accommodation.

Address of hotel name or place of accommodation:	<input type="text"/>
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E. EMERGENCY CONTACT INFORMATION

*Next of kin or someone who can reach you within the next 30 days.

Title:	<input type="text"/>	Surname:	<input type="text"/>	Given Name(s):	<input type="text"/>	Gender:	<input type="text"/>	Relationship:	<input type="text"/>
Town / City:	<input type="text"/>	State / Province:	<input type="text"/>	Country:	<input type="text"/>	Phone (Office):	<input type="text"/>	Phone (Mobile):	<input type="text"/>

F. IDENTIFICATION (ID Card)

*Insert an image of the ID Card 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)

Image of the ID Card

G. TERMS & CONDITIONS

1. The Air Passenger Travel Form (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. Forms must be returned to the airline employees at the counter before making a ticket booking and / or when 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 including Facebook, Twitter, Instagram and Tik Tok.

H. 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:	<input type="text"/>	Date:	<input type="text"/>
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COMPLETE THIS FORM, PRINT AND TAKE WITH YOU AND PRESENT IT AT THE CHECK IN COUNTER