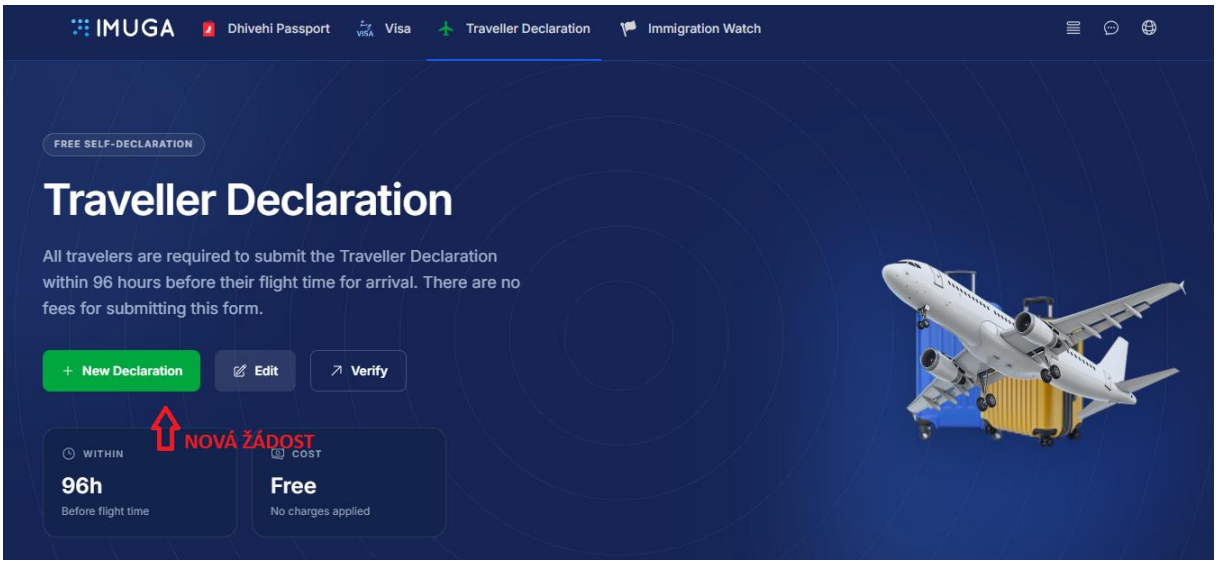
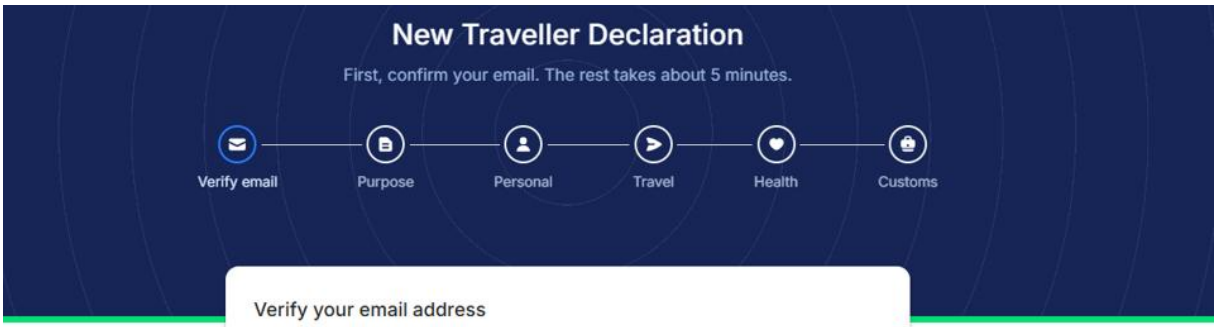
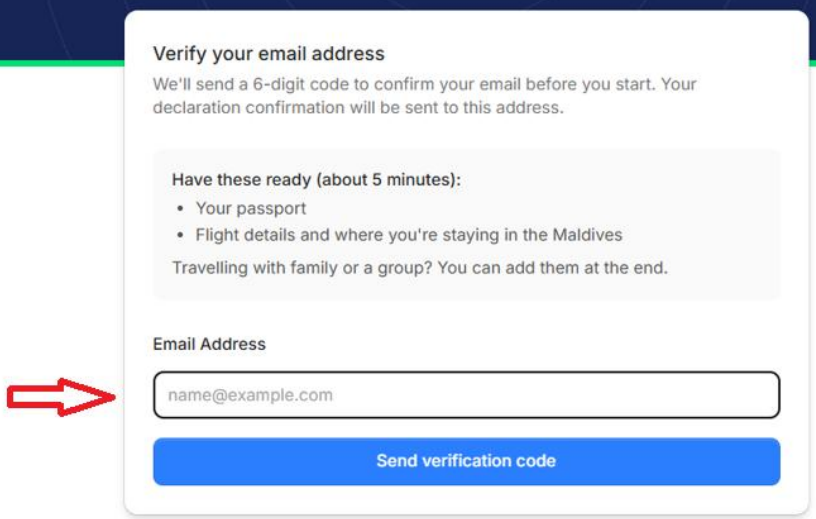
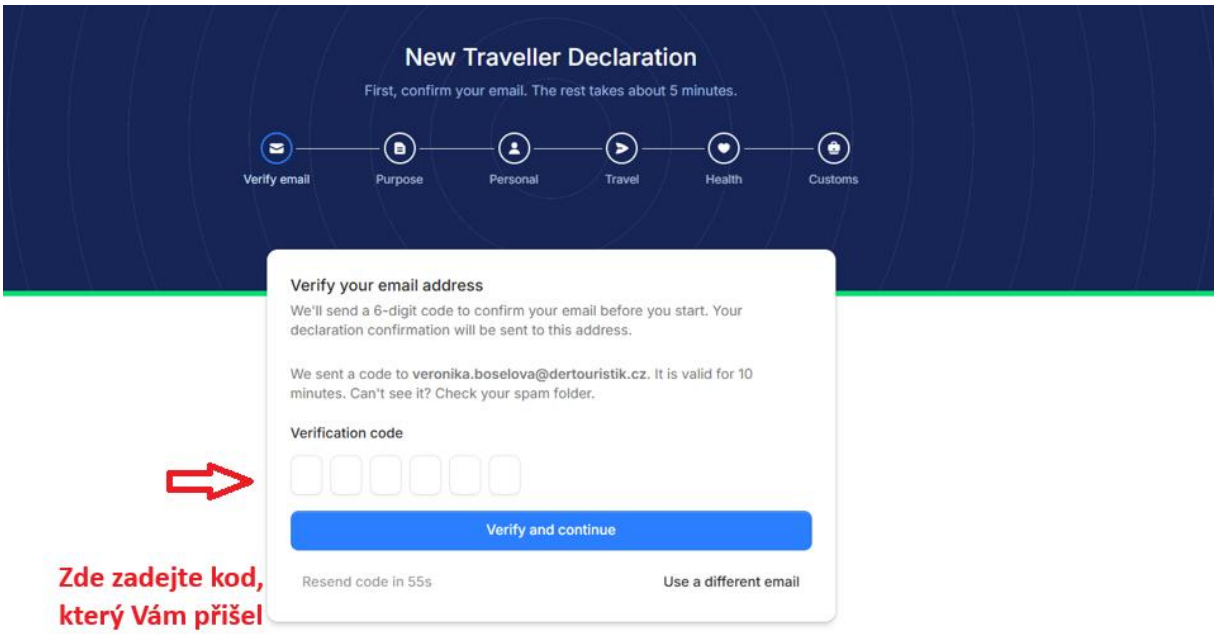


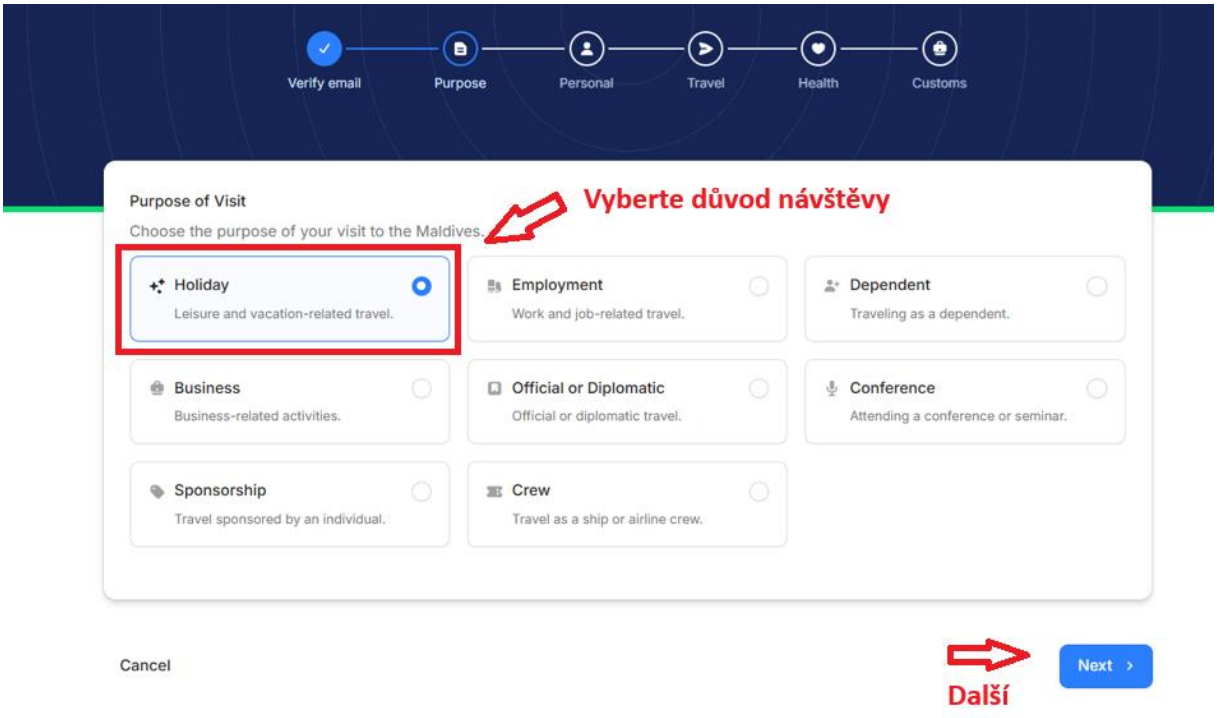




**Zadejte e-mail, na který přijde ověřovací kod**




**Zde zadejte kod, který Vám přišel na e-mail**




**Další**




Požadavky na fotografii:
1)Viditelný celý obličej bez čepice a brýlí
2) Náboženské pokrývky hlavy jsou povoleny ale nesmí zakrývat celý obličej
4) Fotka musí být v jpg, jpeg, png a musí být menší než 6 MB


Travel Details
Arrival
Provide details of your arrival to the Maldives.
Origin Country of Departure
Místo odletu (původní)
Port of Entry
Místo vstupu - vybrat
Velana airport
Arrival Date
Datum příletu do Male (vybrat)
The Traveller Declaration can only be submitted within 96 hours prior to your arrival in the Maldives (including the day of arrival). For example, if you are arriving on January 4th, you can submit your declaration starting from January 1st.
Today
Wed, November 11, 2026
Tomorrow
Thu, November 12, 2026
Day After Tomorrow
Fri, November 13, 2026
3 Days from Today
Sat, November 14, 2026
Flight Number
Číslo letu-uvádí se pouze let do Male z přestupního místa (pokud je)
PNR Number (Booking Reference)
Číslo letenky nebo číslo rezervace z letenek
Length of Stay (Days)
Počet dnů v destinaci
Accommodation Details
Select all accommodations if staying in multiple locations.
Accommodation
Vybrat hotel/resort
Select Accomodations...
OBLU Xperience Ailafushi a
OBLU Select Lobigili vybrat
Aanugandu Island Resort
Departure
Provide details of your departure from the Maldives.
Port of Departure
Místo odletu
Vybrat Velana airport
Departure Date
Datum odletu z destinace
Do you have a return or onward ticket?
Yes
No
Máte zpáteční letenku?
Yes=ano, No=ne
Destination After Maldives
Cílová destinace po Maledivách
Back
Další
Next

## Health Declaration

Please answer the following question to complete your health declaration.

### Yellow Fever Endemic Countries

**AFRICA**

| | | | |
|---|---|---|---|
| 01. ANGOLA | 02. BENIN | 03. BURKINA FASO | 04. BURUNDI |
| 05. CAMEROON | 06. CENTRAL AFRICAN REPUBLIC | 07. CHAD | 08. CONGO |
| 09. IVORY COAST | 10. DEMOCRATIC REPUBLIC OF THE CONGO | 11. EQUATORIAL GUINEA | 12. ETHIOPIA |
| 13. GABON | 14. GAMBIA | 15. GHANA | 16. GUINEA |
| 17. GUINEA-BISSAU | 18. KENYA | 19. LIBERIA | 20. MALI |
| 21. MAURITANIA | 22. NIGER | 23. NIGERIA | 24. SENEGAL |
| 25. SIERRA LEONE | 26. REPUBLIC OF SOUTH SUDAN | 27. SUDAN | 28. TOGO |
| 29. UGANDA | | | |

**SOUTH AMERICA**

| | | | |
|---|---|---|---|
| 01. ARGENTINA | 02. BOLIVIA | 03. BRAZIL | 04. COLOMBIA |
| 05. ECUADOR | 06. FRENCH GUIANA | 07. GUYANA | 08. PANAMA |
| 09. PARAGUAY | 10. PERU | 11. SURINAME | 12. TRINIDAD AND TOBAGO |
| 13. VENEZUELA | | | |

**Important Information**

A yellow fever vaccination certificate or signed declaration is required for travelers aged 1 year or older arriving from countries with a risk of yellow fever transmission, or for travelers who have transited for more than 12 hours through an airport in such countries. Learn more

Have you resided in or visited any of the above countries within the last 6 days before your arrival in the Republic of Maldives?

Yes | No

**Ano** **Ne**

**Cestovali nebo přestupovali jste v posledních 6 dnech v krajinách výše uvedených?**

### Ebola Virus Disease Screening

Required for all inbound travellers. Your answers help the Health Protection Agency assess exposure risk before you arrive.

Have you travelled to, resided in, or transited through any of the following countries within the past 21 days?

- [ ] Democratic Republic of the Congo
- [ ] Uganda
- [ ] Republic of South Sudan

Leave all unticked if none apply.

**Zaklikněte destinaci, v případě že jste cestovali nebo přestupovali v posledních 21 dnech**

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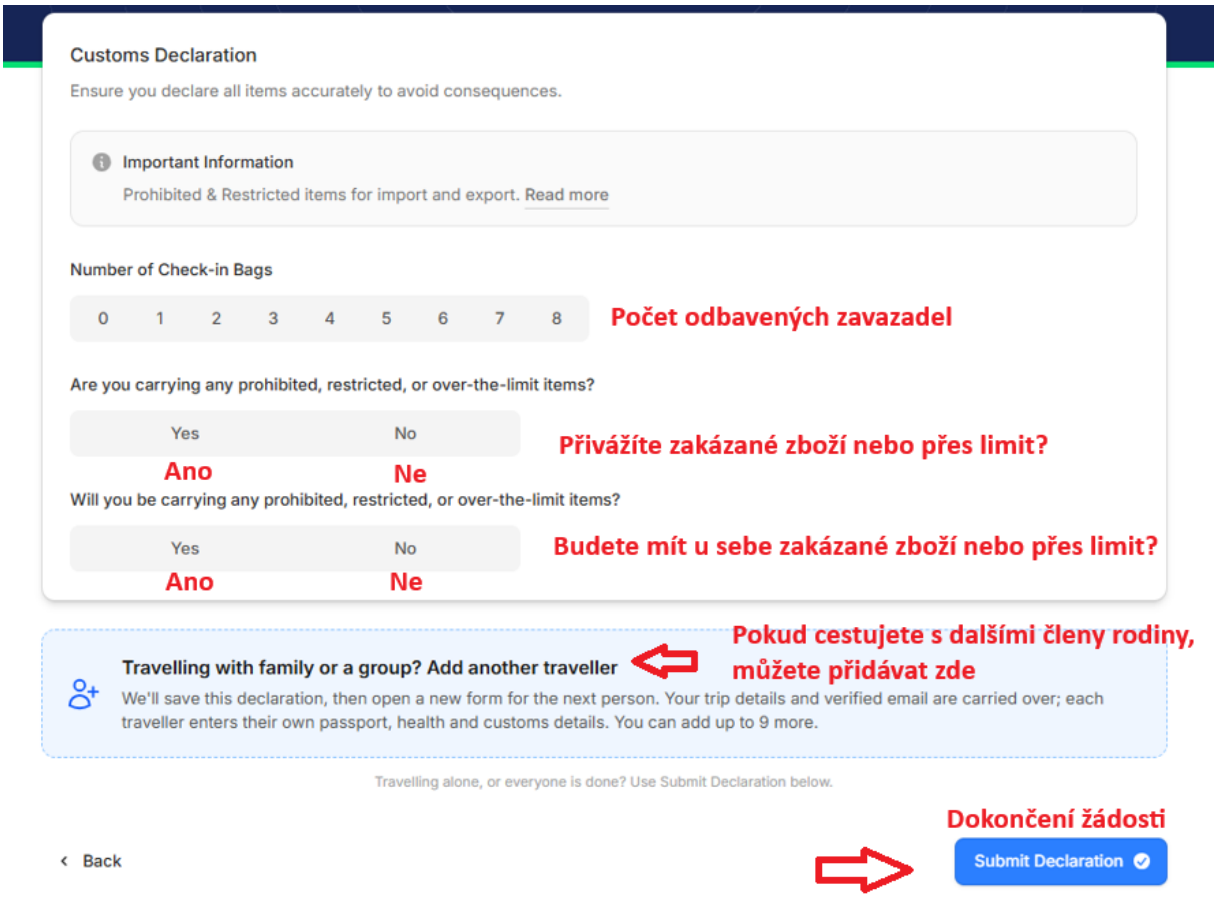
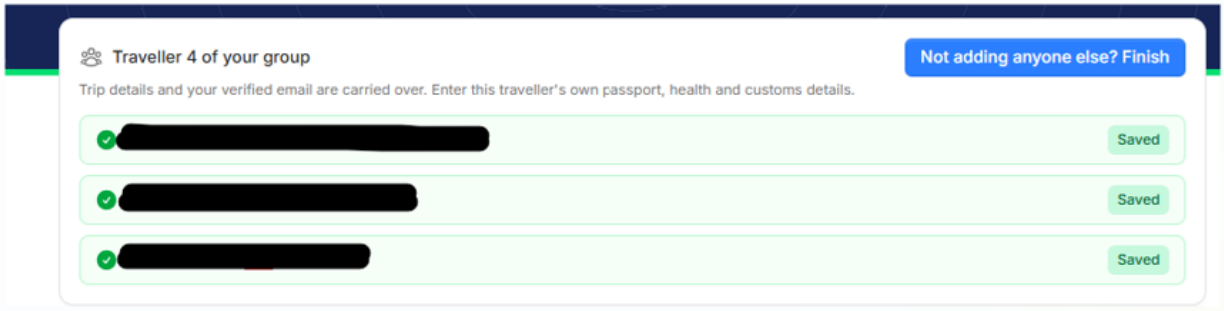
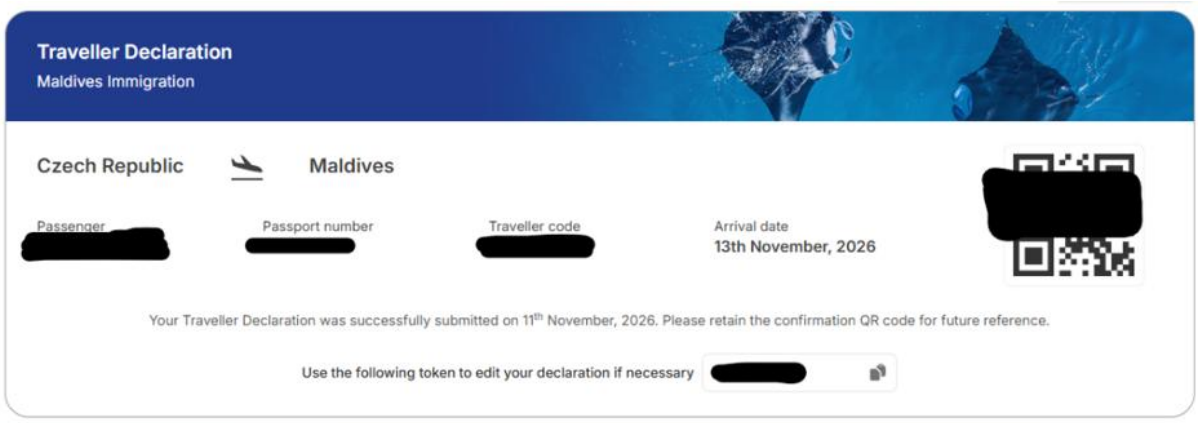
**Další**  Next ›




Pokud máte v žádosti více osob, je uvedeno na konci hromadně




**QR kod obdržíte jak na mail, tak se vám zobrazí**