

Cross-Border Driver Quarantine Clearance Declaration

Driver Information

Full Name

ID/Passport Number

Vehicle Number

Nationality

Contact Number

Transport Company

Quarantine & Health Details

Quarantine Location

Quarantine Period

Health Status

Clearance Date

COVID-19 Test Details

Declaration

I hereby declare that the above information is accurate and complete to the best of my knowledge. I understand that providing false or misleading information may result in denial of entry or legal action.

Driver's Signature

Date

