

<https://cyprusflightpass.gov.cy/en/home>

The screenshot shows the CyprusFlightPass website home page. The header includes the logo, search, language (EN), and a LOGIN button. A navigation menu lists Home, Flying to Cyprus, More Info, Discover Cyprus, FAQs, and Contact Us. Two informational banners are present: one about special permission applications and another about COVID-19 laboratory test costs. A 'Cookies Settings' modal is open, displaying options for Necessary and Analytics cookies, with 'SAVE PREFERENCES' and 'CLOSE' buttons. A callout box points to the 'SAVE PREFERENCES' button with the text 'Save preferences gombra klikkeltelni'.

The screenshot shows the CyprusFlightPass website home page with a 'Login' modal open. The modal contains fields for 'Email address' and 'Password', along with 'Create Account' and 'I forgot my password' links, and a 'LOGIN' button. A callout box points to the 'LOGIN' button with the text 'Login gombra klikkeltelni'. Below the modal, a footer contains contact information, social media icons, and a copyright notice. A separate callout box contains instructions: '- Amennyiben nem rendelkezik fiókkal az oldalra, úgy kérjük a Create Account feliratra klikkeltelni' and '- Fiókkal rendelkezők esetében kitöltve az adatokat Login gombra'.



Create Account

First name

Last name

Email address

Password

Password Confirmation

I have read and I accept the Terms of Use

[↑ Already have account](#) [REGISTER](#)

- Keresztnév
- Vezetéknév
- E-mail cím
- Jelszó
- Jelszó megerősítés
- Elolvastam a feltételeket bepipálni
- Registerre kattintani

Account has been successfully created. Please check your email to activate your account

Login

Email address

Password

[Create Account](#)

[I forgot my password](#)

Activation of account

Please click the link below to activate your account

[ACTIVATE](#)

Regards,

E-mail-ben küldenek egy aktiváló linket, melyben az Activate gombra kell klikkelni. Ez után engedélyezi a belépést az oldalra.

Copy the URL below into your web browser and click the above button, copy and paste the URL below into your web browser: [http://www.cypgov.cy/account-confirmation/2mlw1](#)

Email address

info@sunfun.hu

Password

I forgot my password [LOGIN](#)

Welcome to CyprusFlightPass!

Apply for your CyprusFlightPass within **48 hours** before the commencement of your travel from the Country of Origin to the Republic of Cyprus (either direct flight or via intermediate Country)

Oltással nem rendelkezik

IF NOT VACCINATED from the countries listed here.

APPLY HERE

Oltással rendelkezik

IF VACCINATED from the countries listed here.

APPLY HERE

Az oldalon külön kell intézni a személyeket, akik oltással rendelkeznek és akik nincsenek beoltva. (A regisztráció végén lehet hozzáadni a további utazókat)

Details

Edit

Change password

Draft submissions

Submissions

Special Permissions / Payment

Account Details

First name:

Last name:

Email address:

CyprusFlightPass Request as vaccinated passenger

Apply for your CyprusFlightPass within 48 hours before the commencement of your travel to the Republic of Cyprus.

The submission of this application and the granting of CyprusFlightPass does not affect the application of the provisions of any other Law of the Republic of Cyprus, which explicitly regulate issues of entry into the Republic of Cyprus.

It is recommended that you regularly visit this online platform for possible changes that may affect your flight to the Republic of Cyprus.

Please note that in the case of a person who has been administered with a combination of different types of the acceptable vaccines (eg 1st dose Vaxzevria (AstraZeneca) and second dose Pfizer-BioNTech), at the stage of completing the application for the purpose of obtaining the cyprusflightpass the vaccine administered to him/her as a second dose has to be declared, recording at the same time as the first dose the date of administration of the first vaccine.

ⓘ Please use only latin characters

Passenger Information		Utazó adatai	
Last (Family) Name	First (Given) Name	Middle Initial (if any)	
<input type="text" value="Vezeték név"/>	<input type="text" value="Keresztnév"/>	<input type="text"/>	
ID / Passport No	<input type="text" value="Utazáshoz használt személyi igazolvány vagy útlevél száma"/>	Nationality	<input type="text" value="nemzetiség (Hungary)"/>
Date of Birth	Country of Birth	Gender	
<input type="text" value="születési dátum"/>	<input type="text" value="születési ország"/>	<input type="text" value="nő/férfi"/>	

- Passenger Information
- Contact Details
- Vaccination Details
- Details of your final flight (to the Republic of Cyprus)
- Purpose of Travel
- Permanent Address
- Temporary/Permanent Address in the Republic of Cyprus
- Emergency Contact Information

Contact Details

Where you can be reached if needed (Include country code and city code)

Mobile Other (if any)

E-mail Address

Vaccination Details

Vaccination Country

Vaccine Type

Vaccine Type

SELECT ONE

Johnson & Johnson/Janssen Pharmaceuticals
Moderna
Pfizer - BioNTech
Sinopharm (BBIBP COVID-19)
Sputnik V (Gam-COVID-Vac)
Vaxzevria (AstraZeneca)

Vaccination Doses

Date of 1st dose

Majd az oltás időpontjainak megadása következik.
(A beutazáshoz teljes beoltottság szükséges, pl Pfizer 2 dózis, stb...)

Date of 2nd dose

Details of your final flight (to the Republic of Cyprus)

Departure Date & Time (Country of Departure)

Airline Name

SELECT ONE

Flight Number

SELECT ONE

Country of Departure

SELECT ONE

Please select this box if your flight is private.

Seat Number (if available)

Airport of Arrival

SELECT ONE

Departure date from Cyprus (if available)

If departure date from Cyprus is not available, please state the length of your intended stay in Cyprus

- Less than 12 months
 12 months or more

NEM SZÜKSÉGES KITÖLTENI CSAK ABBAN AZ ESETBEN HA NINCΣ VISSZA ÚTRA FOGLALT REPÜLŐJEGYE AZ UTAZÓNAK.
Amennyiben nem ismert Ciprusról a visszautazás dátuma, kérjük adja meg a tervezett tartózkodás időtartamát.
(- Kevesebb, mint 12 hónap, - Több, mint 12 hónap)

Passenger Information

Contact Details

Vaccination Details

Details of your final flight
(to the Republic of Cyprus)

Purpose of Travel

Permanent Address

Temporary/Permanent
Address in the Republic of
Cyprus

Emergency Contact
Information

Solemn Declarations

SAVE AS DRAFT

Passenger Information

Contact Details

Vaccination Details

Details of your final flight
(to the Republic of Cyprus)

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Cyprus

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Solemn Declarations

SAVE AS DRAFT

Purpose of Travel

Are you a permanent resident of Cyprus returning from a trip abroad?

YES NO

Amennyiben nem dél-ciprusi lakos kérjük a NO-t jelölje

Please state the purpose of your visit in Cyprus

- Holidays
 Business
 Visiting friends & relatives
 Settlement in Cyprus for one year or more
 Other

Utazás célja
- nyaralás (EZT KELL BEPÍÁLNI)
- üzleti út
- barátok/rokonok látogatása
- egyéb

Passenger Information

Contact Details

Vaccination Details

Details of your final flight
(to the Republic of Cyprus)

Purpose of Travel

Permanent Address

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Cyprus

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Solemn Declarations

SAVE AS DRAFT

Permanent Address

Állandó lakcím

Number and Street

Utca ház, szám

Apartment Number (if available)

City

Város

State / Province

Megye

Country

SELECT ONE

Ország kiválasztása

ZIP / Postal Code

Írányítószám

Ciprusi tartózkodása hely címe

Temporary/Permanent Address in the Republic of Cyprus

SAME AS ABOVE

Hotel Name (if any)

Hotel/Apartman neve

Number and Street

Utca ház, szám

Apartment Number (if available)

City

Város

District

Kerület

ZIP / Postal Code

Írányítószám

Contact Details

Vaccination Details

Details of your final flight
(to the Republic of Cyprus)

Purpose of Travel

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Solemn Declarations

Emergency Contact Information

Sürgősségi kapcsolattartási információk.

Kérjük olyan személy adatainak megadását, aki Magyarországon tartózkodik az Önök utazása alatt.

Of someone who can reach you during the next 30 days (Include country code and city code)

Last (Family) Name

Vezetéknév

First (Given) Name

Keresztnév

Mobile (eg. 0035799XXXXXX for Cyprus phone)

Mobilszám

Other (if any)

E-mail Address (if any)

E-mail cím

Country

SELECT ONE

Ország kiválasztása

City

Város

Details of your final flight
(to the Republic of Cyprus)

Purpose of Travel

Permanent Address

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Solemn Declarations

SAVE AS DRAFT

Solemn Declarations

- I consent for possible COVID-19 sample testing, if requested, upon arrival to the Republic of Cyprus (Persons allowed to enter in the Republic of Cyprus under the Vienna Convention of 1961 and 1963 are exempted).
- I am fully aware of the risks, dangers and hazards connected to my flight and stay in the Republic of Cyprus, due to the COVID-19 pandemic. I assume and accept full responsibility for any risks of loss, harm, property damage or personal injury or death and I agree not to make claim and take proceedings against any person and/or any kind of businesses and/or authorized officers and /or the authorities of the Republic of Cyprus from any loss, liability, damages or costs that I may sustained and/or costs that I may incurred during my travel and stay to the Republic of Cyprus, as a result to COVID-19 and/or for any inconvenience I and/or they will be suffered, due to any precautionary measures applied during my trip and my stay in the Republic of Cyprus, for the purposes of protection of public health against COVID-19. This waiver of Liability, shall be binding to my family members and spouse and my heirs, assigns and personal representative, executors and successors.
- Following my return to my country of permanent residence, or to the country to which I return following the completion of my trip to the Republic of Cyprus, I shall inform the Medical Services of the Republic of Cyprus in the case I have developed symptoms of COVID-19, within 14 days following my departure from the Republic of Cyprus (e-mail address for correspondence monada@mphs.moh.gov.cy).
- I have not experienced one of the following symptoms – fever, cough, fatigue, headache, muscle or body aches, loss of taste or smell, shortness of breath or difficulty breathing, sore throat, congestion or runny nose, within the last 14 days or I have not been in close contact with a COVID-19 confirmed case.
- I declare subject to sanctions under the laws of the Republic of Cyprus that the facts and information I have provided, are complete, correct and true.

Cyprus

Emergency Contact
Information

Solemn Declarations

SAVE AS DRAFT

A Nyilatkozatok
mindegyikét el
kell fogadni a
tovább lépéshez!

SAVE AS DRAFT

SUBMIT

Submit gombra kattintani

Attach Vaccination Document

BACK

Details of your final flight (to the Republic of Cyprus)

Country of Departure / Departure Date & Time

Airline Name

Flight Number / Registration Number (Private Flights)

Airport of Arrival

Passenger Information

Fullname

ID / Passport No

Nationality (Country)

Vaccination Details

Vaccine Type

Vaccination Country

Vaccination Doses

Date of 1st dose

Date of 2nd dose

Vaccination Document

ATTACH VACCINATION DOCUMENT

Attach vaccination document-re kattintva kérjük töltsse fel az oltási igazolás (pdf, jpg, png formátum valamelyikében)

You can add passengers to your flight, once you complete the REQUEST for your CyprusFlightPass.

You can add passengers to your flight, once you complete the REQUEST for your CyprusFlightPass.

Lehetőség van további Utasok adatainak feltöltésére, majd együtt megkérni a CyprusFlight Pass-t (családok ajánlott egy kódot igényelni)

Request my **CyprusFlightPass**

REQUEST

Result of Request

Your **CyprusFlightPass** has been approved!!!

We just sent you an email that contains your CyprusFlightPass. Please check your inbox for

 [DOWNLOAD HERE](#)

Download here gombra klikkelve
letölthetjük a QR kódot
tartalmazó dokumentumot

 [ADD PASSENGER](#)

 [ADD VACCINATED PASSENGER *](#)

Lehetőség van új utasok hozzáadására itt.

ADD PASSENGER: Oltással nem rendelkező Utas (* a COVID-19 víruson átesett Utasok a jelenleg érvényben lévő szabályok szerint PCR teszt kötelezettséggel tudnak Utazni, DE regisztráció kötelesek)

ADD VACCINATED PASSENGER: Oltással rendelkező Utas

[here.](#)

This certifies the passenger named below is clear to fly to Cyprus.



LILLA TESZT
ID/Passport: BJ11111

VACCINATED PASSENGER

Vaccination Country: **HUNGARY**,
Type: **Sinopharm (BBIBP COVID-19)**
Last dose: **07-05-2021**

E-mailben is megküldik részünkre a QR kódot tartalmazó dokumentumot!

(Kérjük telefonon és nyomtatott formában is legyen az utazóknál a QR kódot tartalmazó regisztrációs dokumentum)

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