

For reference only

ΒΕΒΑΙΩΣΗ ΚΑΤ' ΕΞΑΙΡΕΣΗ ΜΕΤΑΚΙΝΗΣΗΣ ΠΟΛΙΤΩΝ

CERTIFICATE FOR CITIZENS MOVEMENT EXCLUSION

PART A

Signatory: _____

Date of birth: _____

Address: _____

Departure time: _____

I state that my move relates to the following reason:
(Note X in the corresponding box of Part B.)

PART B

B1 Go to a pharmacy or visit a doctor, if this is recommended after contact.

B2 Moving to a commodities supply store in operation where they cannot be shipped.

B3 Going to the bank, as long as the electronic transaction is not possible.

B4 Movement to help people in need.

B5 Going to a ceremony (eg funeral, marriage, baptism) under the conditions provided by law or moving to a divorced parent or parent who is necessary to ensure the communication of parents and children, in accordance with the applicable provisions.

B6 Short commute, near my home, for individual physical activity (excluding any collective sporting activity) or for pet needs.

Place _____ Signature

Date _____

Delon _____