



Please submit to the Public Health Commissioner [pha@health.gov.sc](mailto:pha@health.gov.sc)

**APPLICATION FOR ENTRY INTO SEYCHELLES BY AIR AND SEA**

To be completed by Seychellois, persons holding resident permit and GOP holders in high risk countries, and persons arriving on private flight or by sea

**Application details**

Date of application:
Person making application:
Contact details of person making application:
Telephone/Fax:
Email:
Physical address:

**Details of Crew and Passengers intending to enter Seychelles** *(indicate after the name whether Passenger (P) or Crew (C))*

Name and Surname	Age	Nationality	Passport No:

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**Travel Schedule**

Intended date of arrival in Seychelles:	Time of arrival:
Intended date of departure from Seychelles:	Time of departure:
Country and airport/port of origin:	
Itinerary, including transit stops:	
Airline/Aircraft/Vessel details:	
Purpose of entry:	

**Travel from Seychelles**

Airline/Aircraft/Vessel details:
Country and airport/port of destination:
Itinerary, including transit stops:

**Details of accommodation in Seychelles**

Name of Hotel or Vessel	Crew/Passenger	Date in	Date out

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**Additional Comments/Requests:**

**If arriving by private plane or yacht, details of crew must be submitted with the application**