

VistaJet Limited (C 55231) and all its affiliates (together "VistaJet") SkyParks Business Centre, Luqa LQA 4000, Malta

Health Declaration Form - COVID-19

I,	[insert full name], hereby certify, represent and warrant as follows:
Within the thirty (30) day	s immediately preceding the Date of this Health Declaration Form ("Declaration"), I HAVE NOT:
communicable illnes b. experienced any c. been in any locat recognized health or d. been in direct co	ith the Coronavirus or been identified as a potential carrier of the COVID-19 virus or similar s ("Coronavirus"); symptoms commonly associated with the Coronavirus, including an elevated temperature; ion positively designated as hazardous and/or potentially infected with the Coronavirus by a regulatory authority; intact with or the immediate vicinity of any person I knew and/or now know to be carrying the seen identified as a potential carrier of the Coronavirus.
	ions visited over the previous thirty (30) days and shall provide an exhaustive list of all locations sportation used below (please attach an additional page as needed):
	(by email to dutymanager@vistajet.com) of any change in status, including diagnosis with antine, within thirty (30) days either before or following a VistaJet flight.
exclusive benefit of VistaJ or proceeding, and to sett purposes hereby irrevoca	CEPT that this Declaration shall be governed by the laws of Malta. I irrevocably agree for the et that the competent Courts of Malta shall have jurisdiction to hear and determine any suit, action le any dispute which may arise out of, under, or in connection with this Declaration and for such bly submits to the jurisdiction of such Courts. Nothing contained herein shall limit the right of gs in any other Court of competent jurisdiction.
record and store this Decl	E and ACCEPT that this Declaration will be considered as my consent to VistaJet to disclose, share, aration with any relevant authority or service provider for the purposes of ensuring the safety and ord parties that may come in contact with me prior, during, and after any flight.
	e statements apply equally to the following minors under the age of 18 travelling (either with me or VistaJet flight and who are in my custody or care, if any (please attach an additional page as needed):
Name/Surname: Country issuing I	assport:; Passport No:;
If any above statement is	not wholly true, please provide a full explanation here:
	ividual over the age of 18 of sound mind, knowingly, voluntarily, and freely agree to the terms of this n doing so represent the truthfulness and veracity of the above answers.
(Signature)	 Date
(Passport Number)	/(Country Issuing Passport)