

## Personal Information

Submitted

Last (family) name - First (given) name

POELZLEITNER ELISABETH

Sex / Date of Birth

Female / 1960-01-30

Mobile Phone Number

+436649605094

Other Telephone  
Number

Email Address

lis@polzleitner.net



ID Card

11878116

Date Submitted

2021-10-31

Boarding Country  
/ Place

Austria/AT

## Transportation Information: Aircraft Flight Information

Airline Name

RYANAIR

Flight Number

FR9475

Seat Number

28D

Date/Time of  
Boarding/Embarkation

2021-11-02 18:20 Europe/Vien  
na (UTC+01:00)

Date/time of Arrival

2021-11-02 19:55 Europe/Rom  
e (UTC+01:00)

Final Destination Airport

Napoli Capodichino/LIRN

Destination Country

Italy/IT

Boarding Airport

Wien – Schwechat/LOWW

## Permanent Address

Country

Austria/AT

State / Province

Steiermark/6

City

Graz

Street (Name, Number, ZIP)

SCHEIGERGASSE 74 8010

Apartment Number / Cabin  
Number

## Previously Visited Countries

### Previously Visited Country 1

Country

Greece/GR

State / Province / Region

Ipeiros/D/

City

Preveza

## Temporary Address(es) in visiting Country

### Temporary Address 1

<b>Country</b>	<b>State / Province</b>	<b>City</b>
Italy/IT	Calabria/78	Nicotera
<b>Street (Name, Number, ZIP)</b>	<b>Hotel Name / Name of Vessel</b>	<b>Apartment Number / Cabin Number</b>
VIA PROVINCIALE SNC 89844 NICOTERA MARINA 89844 898 44	NAUTILUS	

## Emergency Contact Information

<b>Last (family) name</b>	<b>First (given) name</b>	<b>Country / City</b>
POELZLEITNER	WOLFGANG	Austria/AT / Graz
<b>Mobile Phone Number</b>	<b>Other Telephone Number</b>	<b>Email Address</b>
+436763004330		wp@sensotech.at

## Declaration

Declaration according the art. 50 of DPCM 02/03/21 to enter Italy

<b>Date of Birth</b>	<b>Place of Birth</b>	<b>Country of birth</b>
1960-01-30	Bruck/Mur	Austria/AT
<b>Province</b>	<b>Citizenship</b>	
Steiermark/6	Austria	

I am aware I shall be liable to prosecution if any statement to a public officer is found to be false, pursuant to art. 46 and 47 D.P.R. n 445/2000

I also hereby declare, under my own responsibility, that even as a parent or guardian of the minor/s listed below

YES

### Minor(s)

Last Name	First Name	Date of birth	Place of birth	Relationship
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**I have been / transit in the following countries and territories in the last 14 days:**

Greece/GR

**I will enter in the following Italian Region**

Calabria/78

**Travelling from a Country of the List?**

[Check in which List is your departure country](#)

List C (EU/EEA)

**Please select one of the choices below**

I will present a valid certificate of:

- completion of the full vaccination cycle with an EMA-approved vaccine at least from 14 days ago
- recovery from COVID-19, with concomitant cessation of prescribed isolation following SARS-CoV-2 infection
- a performed a rapid antigenic or molecular test with a negative result for SARS-CoV-2 within 48 hours prior to entry into the country