ICAO ANNEX 9 APPENDIX 1

GENERAL DECLARATION

4.

FERRY IN

Operator*

(OUTWARD / INWARD)*

ANTENNA TV

Departure from	(5)	LGSA	Arrival at	ZZZZ	(POR	ΓΟ HELI)	
	/n/ \						
	(Place)			(Place)			
		FLIGHT ROU	TING				
	("Place" Column	always to list origin, ever	y en-route stop ar	nd destinatio	n)		
PLACE	TOTAL N	UMBER OF CREW	NUMBER C	R PASSENG	ERS ON	THIS STAGE	
		CREW	Departure	Place:			
LGSA	V	Embarking					
	PAX MIT	SOTAKI M	Through or	n same flight			
			ce:				
ТО			Disembarking				
	MILLIAN CONTRACTOR CON	ALIANA	Through or	n same flight			
ZZZZ							
DECLARATION OF HEALTH Persons on board with illness other than airsickness or the effects of accidents (inclu			ocluding			FICIAL USE	
		ash, fever, chills: diarrhoea) as			- 0	NLY	
	isembarked during the fli						
Any other condition on bo	oard which may lead to th	e spread ol disease		4			
						6	
Details of each desinsecti	ng or sanitary treatment (place, date, time, method) du	ring the		4.3		
		the flight give details of most			11 1		
disinsecting							
						34 · ~	
	Signature: if re	quired					
Crew member concerned							

Signature

forms required to be presented with this General Declaration are complete, exact and true to the best of my

knowledge and that all through passengers will continue/have continued on the flight.

TZEVELEKO

GENERAL DECLARATION

(OUTWARD / INWARD)*

Operator*	ANTENNA TV						
Marks of Nationality a	nd Registration SXHKM	Flight No	SXHKM	Date 12	AUG18		
Departure from	ZZZZ(PORTO HELI)	Arrival at		CHQ			
	(Place)		(Place)				
	FLIGHT ROU	ΓING					
	("Place" Column always to list origin, every	en-route stop a	nd destinatio	n)			
PLACE	TOTAL NUMBER OF CREW	NUMBER (NUMBER OR PASSENGERS ON THIS STAGE				
	CREW	Departure	Place:				
ZZZ(PORTO HELI	VARDAS I.	Embarking					
		Through on same flight:					
		Arrival Pla	ce:				
ТО		Disembark					
		Through o	on same flight:				
CHO							
CHQ							
DECLARATION OF HEALTH Persons on board with illness other than airsickness or the effects of accidents (including				FOR OFFICIAL	USE		
	signs of illness such as rash, fever, chills: diarrhoea) as	_		ONLY			
as those cases or illness dis		well					
Any other condition on boa	rd which may lead to the spread ol disease						
Details of each desinsecting	g or sanitary treatment (place, date, time, method) dur	ing the					
	been carried out during the flight give details of most						
disinsecting							
	Signature: if required						
	Crew	member concerned	ı				

Signature

forms required to be presented with this General Declaration are complete, exact and true to the best of my

knowledge and that all through passengers will continue/have continued on the flight.

FERRY IN

Operator*

GENERAL DECLARATION

APPENDIX 1

ICAO ANNEX 9

(OUTWARD / INWARD)*

ANTENNA TV

2.

Marks of Nationality a	and Registration	SXHKM	Flight No	SXHKM	Date 12AUG18
Departure from		_GSA	Arrival at	ZZZ	Z (PORTO HELI)
	(Place)			(Place)	
	•	FLIGHT ROU	ITING		
	("Place" Column alv	ways to list origin, ever	ry en-route stop a	nd destinatio	on)
PLACE	TOTAL NU	MBER OF CREW	NUMBER (OR PASSENG	ERS ON THIS STAGE
	CREW	Departure	Place:		
LGSA	VA	RDAS I	Embarking	<u> </u>	
,			Through o	n same flight	:
		PAX			
		OTAKIS K	Arrival Pla	ce:	
ТО	MPA	HALAKIS I	Disembark		
			Through o	n same flight	•
ZZZZ					
DECLARATION OF H	IEALTH				FOR OFFICIAL USE
Persons on board with illne	ess other than airsickness o	or the effects of accidents (in	ncluding		ONLY
persons with symptoms or	signs of illness such as ras	h, fever, chills: diarrhoea) a	s well		
as those cases or illness di	sembarked during the fligh	t			
Any other condition on board which may lead to the spread ol disease					
				- 2	
		ace, date, time, method) du		1	T / 1/20/20
flight. If no disinsecting ha	s been carried out during t	he flight give details of mos	t recent	WO!	
disinsecting					CASKALOO"
	Signature: if req	uired			
		Crew	member concerned	1	

I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.

Signature

TZEVELEKQU

ICAO ANNEX 9
APPENDIX 1

GENERAL DECLARATION

(OUTWARD / INWARD)*

Operator*	ANTENNA TV						
Marks of Nationality a	and Registration SXHKM	Flight No	SXHKM	Date	12AUG18		
Departure from	ZZZZ(PORTO HELI)	Arrival at		CHO	ζ		
	(Place)		(Place)				
	FLIGHT RO	UTING					
	("Place" Column always to list origin, eve	ery en-route stop a	nd destination	on)			
PLACE	TOTAL NUMBER OF CREW				THIC CTACE		
PLACE	TOTAL NOWIBER OF CREW	NOWBER	JK PASSEING	IEKS ON	THIS STAGE		
	CDEW		D.				
777/DODTO HELI		CREW Departure Place					
ZZZ(PORTO HELI	VARDAS I.		Embarking				
		Through o	n same flight	: _			
		Arrival Pla	ce:				
ТО			Disembarking				
		Through o	Through on same flight:				
CHQ							
DECLARATION OF H	IEALTH			FOR OF			
	ess other than airsickness or the effects of accidents	(including			NLY		
persons with symptoms or	r signs of illness such as rash, fever, chills: diarrhoea) a	as well					
s those cases or illness di	sembarked during the flight						
Any other condition on bo	ard which may lead to the spread ol disease						
Details of each desinsectin	ng or sanitary treatment (place, date, time, method) c	during the					
	s been carried out during the flight give details of mo						
disinsecting							
	Signature: if required						
	Crow	w member concerned	.				

forms required to be presented with this General Declaration are complete, exact and true to the best of my

knowledge and that all through passengers will continue/have continued on the flight

Signature

Skyseal

ICAO ANNEX 9 APPENDIX 1

GENERAL DECLARATION

(OUTWARD / INWARD)*



Operator*		ANTENNA TV					
Marks of Nationality	and Registration	SXHKM	Flight No	SXHKM Date 13AUG18			
Departure from		LGSA	Arrival at	ZZZZ (PORTO HELI)			
	(Place)			(Place)			
		FLIGHT R	OUTING				
	("Dlace" Column			nd doctiontion)			
	T Place Column	always to list origin, e	every en-route stop a	na destination)			
PLACE	TOTAL	IUMBER OF CREW	NUMBER C	OR PASSENGERS ON THIS STAGE			
		CREW					
		VARDAS	Departure	Place:			
LGSA			Embarking				
				n same flight:			
			_				
			Arrival Pla	ce:			
ТО			Disembark	irking			
			Through o	n same flight:			
ZZZZ							
DECLARATION OF				FOR OFFICIAL USE			
		ss or the effects of acciden	· -	ONLY			
		rash, fever, chills: diarrhoe	a) as well				
as those cases or illness	disembarked during the f	ight ————					
				\dashv			
Any other condition on board which may lead to the spread ol disease							
				- Charles			
Dataile of each designed		/	IV also missas and a second	CONTRACTOR OF THE PARTY OF THE			
		(place, date, time, method		White State of the			
	nas been carried out duri	ng the flight give details of i	most recent	A THEOREM			
disinsecting							
				- Land			
	Signature: if	-					
		Cı	rew member concerned				
	www.www.						

I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.

Signature

TZEVELEKO

ICAO ANNEX 9
APPENDIX 1

GENERAL DECLARATION

(OUTWARD / INWARD)*

Operator*	ANTENNA TV						
Marks of Nationality and Reg	istration SXHKM	Flight No	SXHKM	Date	13AUG18		
Departure from	ZZZZ	Arrival at		LGS	A		
	(Place)		(Place)	****			
	FLIGHT R	OUTING					
("Pla	ce" Column always to list origin,	every en-route stop a	nd destinatio	n)			
PLACE	TOTAL NUMBER OF CREW	NUMBER (OR PASSENG	ERS ON	THIS STAGE		
	CREW						
	VARDAS	Departure	Place:				
ZZZZ	AA	Embarking					
	MITSOTAKIS K		n same flight:				
	MITSOTAKI M		_				
	MPAKALAKIS I	Arrival Pla	ce:				
TO		Disembarking					
		Through o	n same flight:				
LGSA							

DECLARATION OF HEALTH				FOR OFF	ICIAL USE		
	than airsickness or the effects of accider			0	NLY		
	illness such as rash, fever, chills: diarrhoe	ea) as well					
as those cases or illness disembarke	ed during the flight						
Any other condition on board which	n may lead to the spread ol disease						
Details of each desinsecting or sanio	tary treatment (place, date, time, metho	d) during the					
_	arried out during the flight give details of						
disinsecting	inted out during the highe give details of	most recent					
	Signature: if required						
		rew member concerned					

I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.

Signature

TZEVELEKO