

## Personal Information

Submitted

Last (family) name - First (given) name

WOLF ALON

Sex / Date of Birth

Male / 1997-07-28

Mobile Phone Number

+972546611903

Other Telephone  
Number

Email Address

alonwolfy@gmail.com



Passport

33570705

Date Submitted

2021-10-09

Boarding Country  
/ Place

Israel/IL

## Transportation Information: Aircraft Flight Information

Airline Name

RYANAIR

Flight Number

FR2006

Seat Number

24B

Date/Time of  
Boarding/Embarkation

2021-10-10 11:35 Asia/Jerusalem (UTC+03:00)

Date/time of Arrival

2021-10-10 14:40 Europe/Rome (UTC+02:00)

Final Destination Airport

Bergamo Orio al Serio/LIME

Destination Country

Italy/IT

Boarding Airport

TLV

## Permanent Address

Country

Israel/IL

State / Province

City

Haifa

Street (Name, Number, ZIP)

HAALYIA HASHNYA 29 3501104

Apartment Number / Cabin  
Number

## Temporary Address(es) in visiting Country

### Temporary Address 1

<b>Country</b>	<b>State / Province</b>	<b>City</b>
Italy/IT	Lombardia/25	Bellagio
<b>Street (Name, Number, ZIP)</b>	<b>Hotel Name / Name of Vessel</b>	<b>Apartment Number / Cabin Number</b>
PIAZZA RADAELLI 3	ANDRIVIENI BELLAGIO GUEST HOUSE	

## Emergency Contact Information

<b>Last (family) name</b>	<b>First (given) name</b>	<b>Country / City</b>
		/
<b>Mobile Phone Number</b>	<b>Other Telephone Number</b>	<b>Email Address</b>

## 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>
1997-07-28	JERUSALEM	Israel/IL
<b>Province</b>	<b>Citizenship</b>	
Yerushalayim/JM	Israel	

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

NO

### Minor(s)

Last Name	First Name	Date of birth	Place of birth	Relationship
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[I am aware of the containment measures of COVID-19 in force in Italy and, specifically adopted in accordance with the Decree of the President of the Council of Ministers March 2nd, 2021](#)

**I have been / transit in the following countries and territories in the last 14 days:**

Israel/IL

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

Lombardia/25

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

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

List C (EU/EEA/Israel)

**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