

## Informations personnelles

Envoyé

**Nom de famille - Prénom**

MARTINE PARISOT ANNIE FRANCE MONIQUE

**Genre / Date de naissance**

Femme / 1945-10-06

**Numéro de téléphone portable**

+41764291429

**Autre numéro de téléphone**

**Adresse email**

ginesiloic@gmail.com



**Date de soumission**  
2021-12-10

**Pays d'embarquement**  
Switzerland/CH

**Carte d'identité**

1903GVA50732

## Information relative au transport : Voiture / Autre Véhicule

### Information

**Numéro de plaque**

VD 211 525

**Date / heure d'embarquement**

2021-12-11 06:00 Europe/Zurich  
(UTC+01:00)

**Date / heure d'arrivée**

2021-12-11 09:00 Europe/Rome  
(UTC+01:00)

**Point d'entrée dans le pays**

Trafo G.S. Bernardo (AO), Category 1/NA

**Pays de destination**

Italy/IT

## Adresse permanente

**Pays**

Switzerland/CH

**Etat / région / province**

Vaud/VD

**Ville**

Cugy

**Rue (Nom, numéro, code postal)**

ESSERTS 15 1053

**Numéro d'appartement / numéro de cabine**

## Adresse(s) temporaire(s)

### Adresse temporaire 1

<b>Pays</b>	<b>Etat / région / province</b>	<b>Ville</b>
Italy/IT	Abruzzo/65	Mozzagroga
<b>Rue (Nom, numéro, code postal)</b>	<b>Nom de l'hôtel / Nom du bateau</b>	<b>Numéro d'appartement / numéro de cabine</b>
COTRADA FOUDE DELLA NOC E 1 66030		

## A contacter en cas d'urgence

<b>Nom de famille</b>	<b>Prénom</b>	<b>Pays / Ville</b>
GINESI	ESTELLE	Switzerland/CH / Le Mont
<b>Numéro de téléphone portable</b>	<b>Autre numéro de téléphone</b>	<b>Adresse email</b>
+41787652800		estelle.ginesi@gmail.com

## 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</b>
1945-10-06	Cugy	Switzerland/CH
<b>Province</b>	<b>Citizenship</b>	
Vaud/VD	française	

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

NON

### 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:**

Switzerland/CH

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

Abruzzo/65

**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