This form is to be filled out exclusively by persons who were unable to use the digital registration on entry at https://www.einreiseanmeldung.de.

One form must be completed per person. Forms for minors or individuals in the care of another person must be completed and signed by the person responsible for them.

Please fill out the form in block capitals. For spaces, please leave an empty box.

Please hand over the completed form to the carrier or the authority entrusted with the policing of cross-border traffic upon request. The submission of incorrect information may be prosecuted as an administrative offence, punishable with a fine of up to 25,000 euros.

																			Seat number																						
TRAVEL INFORMATION 1. Name of carrier										2. Route number					7	(if applicable)						4. Date of ar				rrival (YYYY/MM/DD)															
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5. P	5. Place of departure (please enter city and country)																																								
6. V	ia (ple	ease o	only c	ompl	ete if	you h	ave	mad	e a t	ran	sfer d	lurin	g you	r jour	ney)														1					1						ı	
PERSONAL INFORMATION: 7. Last name (surname) 8. First name(s)									(s)										9. Sex																						
																																		Female							
10. NATIONALITY 11. Date of birth										th (Y	(YYYY/MM/DD)															 Male □															
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		ONE N	NUME	BER(S	S) on	which	ı you	ı can	be (	conf	tacte	d if n	eces	sary, i	nclud	ing c	ountr	у сос	le an	d are	ea c	ode:													_						
12. Mobile phone																				13	. Wor	k												L	$\perp$	$\perp$					
14.	Priva	te																																							
15.	Emai	I																																	Ī						
HOME ADDRESS (ADDRESS WHERE VOLUMILL BE STAVING IN CEDMANY)														_																											
HOME ADDRESS / ADDRESS WHERE YOU WILL BE STAYING IN GERMANY:  16. Hotel name (if applicable)  17. Street and house number (please leave an empty box between the street and house number)  18. Apartment number																																									
			Ì		ĺ																		i											1		Ť					
19. City									<u> </u>	20. State																															
	1	1	1	I	1			1						I	l		<u> </u>	· · · · ·	· · · · ·	21. Postcode																					
ADDRESS OF ANY FURTHER PLANNED STAYS WITHIN THE NEXT 10 DAYS:																																									
22.	Hote	name	e (if a	pplica	able)								23.	Street	and	hous	e nun	nber	(plea	se le	ave	an e	mpt	y bo	x bet	weer	en the street and house nur						oer)			2	24. Apartment number				
25.	City		1		1	1				- 1			1	1								-				26.	State							1	_				_		
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For inspection and handing over to the competent authority, the completed substitute registration is to be submitted upon request to:

- the carrier, if entering Germany directly from a risk area within the Schengen area,
- otherwise the authority entrusted with policing cross-border traffic (usually the Federal Police).

If you are not asked to submit the substitute registration upon entry, the digital entry registration is to be conducted at the latest 24 hours after entry at <a href="https://www.einreiseanmeldung.de">https://www.einreiseanmeldung.de</a>, or the substitute registration immediately after entry by post to the following address:

Deutsche Post E-POST Solutions GmbH Passenger Locator Form D-69990 Mannheim