

Quarantine Exemption Application

(front side)

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|--|--|--|--|--|
| Applicant | Name | Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | Nationality | Date of birth | | |
| | Passport no. | Applicant's mobile phone no. | | |
| | Status of stay (in case of foreign nationals) | Emergency contact no. in Korea (inviting company, family, etc.) | | |
| | Address in Korea (Please provide a full address) | | (Tel.: _____) | |
| | Affiliation (company name, title) | Contact no. of inviting company and person in charge | | |
| | Country of departure for Korea | Date of departure and flight no. | | |
| | Expected date of arrival in Korea | Quarantine exemption period | | |
| | Expected date of departure from Korea | Place of event (funeral, etc.) | | |
| Reasons of applying for quarantine exemption | ※ Please provide reasons in detail with the purpose of visit, such as important business meetings (contract, investment, etc) or academic, public, or humanitarian purposes. | | | |
| Documents to be submitted | ※ Please attach a copy of the applicant's passport, documents to prove the stated purpose of the visit, and airline tickets, etc. | | | |

Although I, the applicant, am aware that entrants to the Republic of Korea are subject to the Special Entry Procedure upon arrival and quarantine for 14 days after the entry in compliance with the country's measures to prevent the spread of COVID-19, I, _____, hereby submit this application **to the Minister of _____ / the Ambassador of the Republic of Korea to Singapore** to apply for exemption from quarantine for reasons as stated above.

※ I agree that my personal information will be collected, used, and provided to a third party, including public administrative agencies and medical institutions related to COVID-19 control and prevention, such as the Ministry of Health and Welfare, the Korea Disease Control and Prevention Agency, the Ministry of Foreign Affairs and diplomatic offices abroad its overseas missions, the Ministry of Justice, the Ministry of Land, Infrastructure, and Transport, the National Police Agency, healthcare and medical centers, or hospitals, pursuant to Article 15 and Article 17 of the Personal Information Protection Act. (agree disagree)

Date: yy mm dd

Applicant's name: _____ (signature)

Guarantor (representative of inviting company or organization):
 (Company name) _____ / (Guarantor's name) _____ (signature)

| | | | |
|------------------------|------------------------|---------|--------|
| Received by | (Organization) | (title) | (name) |
| Date of receipt | yy mm dd | | |

- Note**
1. Providing false information on the Quarantine Exemption Application will result in criminal punishment in accordance with the Infectious Disease Control and Prevention Act.
 2. A person exempt from quarantine must faithfully execute his/her obligations to receive a diagnostic test, conduct active monitoring, comply with infection prevention guidelines, adhere to the Itinerary for Quarantine Exemption Period, and follow quarantine/isolation orders.
 3. The Quarantine Exemption Applications submitted to the relevant Minister and the Ambassador or Consul-General of the Republic of Korea should be identical.

Itinerary for Quarantine Exemption Period

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○ Itinerary for each day (filled in by the applicant or the inviting company or organization)

※ Please provide detailed plans for the entire period of quarantine exemption (up to 14 days, up to 7 days in case of visits on a humanitarian purpose). This should include information on the places and people to visit and transport to use during the travel such as a personal car or a vehicle provided by the inviting company. **Please be reminded that you are not allowed to use public transportation.** You may attach additional pages to provide detailed plans, as needed.

I understand and agree that providing false information to the Minister of _____ / the Ambassador or Consul-General of the Republic of Korea to Singapore on the Itinerary for Quarantine Exemption Period will result in criminal punishment in accordance with the Infectious Disease Control and Prevention Act, and/or denial of entry, deportation, or criminal punishment in accordance with the Immigration Act.

※ I agree that my personal information will be collected, used, and provided to a third party, including public administrative agencies and medical institutions related to COVID-19 control and prevention, such as the Ministry of Health and Welfare, the Korea Disease Control and Prevention Agency, the Ministry of Foreign Affairs and its overseas missions, the Ministry of Justice, the Ministry of Land, Infrastructure, and Transport, the National Police Agency, healthcare and medical centers, or hospitals, pursuant to Article 15 and Article 17 of the Personal Information Protection Act. (agree disagree)

Applicant's name _____ (signature)

Date : yy mm dd

Applicant's name : _____ (signature)

Guarantor's name (representative of inviting company or organization) : _____ (signature)