

## UNDERTAKING FORM

SI. No.	Name	Passport / Voter ID No.	Immigration Permit/Visa No. (for re-entry case)	Port of Entry

(Attach additional sheet if required)

Towards this, I shall ensure:

- (i) that foreign nationals granted entry/re-entry undergo mandatory quarantine as per MoH protocols.
- (ii) to bear all costs relating to quarantine, testing and medical treatment/intervention/evacuation, if required
- (iii) that foreign nationals report to the Immigration Office, as applicable, for processing immigration permit upon completion of quarantine and testing negative.
- (iv) that foreign nationals admitted into the country comply with all Notifications issued by the government including COVID-19 safety protocols/advisories issued by the relevant agencies.

I hereby affirm that all information provided is complete and correct. I understand that I shall be liable for prosecution by a court of law and/or any penalties/fines under Immigration Act of the Kingdom of Bhutan and any other laws, rules and regulations as may be applicable, for submission of false, fabricated or misleading information or documents for purposes of obtaining entry/re-entry into the country.

Signature: Name:
CID No.:
Contact No.:
Email address:

