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| **Request to enter the state of Israel for foreign businesspeople arriving from "Red" countries**  Please fill in the following form (digitally) and send it to the inviting Israeli company in Word form (not PDF).  The Israeli company will then fill in an additional form and submit the request on your behalf to the Ministry of Economyand Industry | |
| **Requested information** | **Please fill in your information here** |
| First name |  |
| Last name |  |
| Passport number |  |
| Date of birth |  |
| Passport nationality |  |
| Country of origin - Please include any country you visited in the last 14 days prior to your arrival to the state of Israel  \*Please note that you are requesting to enter Israel from a country defined as a "Red" country. See list of green and red countries here: <https://www.gov.il/en/departments/dynamiccollectors/green-red-countries?skip=0> |  |
| Company name |  |
| Position in the company |  |
| Phone number |  |
| E-mail address |  |
| Estimated date of arrival to Israel |  |
| Estimated date of departure from Israel |  |
| Name of the inviting Israeli company |  |
| E-mail of the Israeli point of contact |  |
| **Declarations**  **Please read the following declarations and fill in your name and date at the bottom. By filling in your name you declare that you have read and will abide by all the declarations stated below.** | |
| My visit to the State of Israel is for business purposes only | |
| I hereby declare that I understand that the duration of my stay in Israel may not surpass 4 days, even though the gate pass/permit of stay issued upon entry to the State of Israel may state a longer period of stay. | |
| I hereby declare that during my entire stay in the State of Israel I will fully abide by the health guidelines published by the Israeli Ministry of Health, which can be found in the bellow link, such as wearing a face mask in public areas and social distancing  <https://govextra.gov.il/ministry-of-health/corona/corona-virus-en/guidelines/> | |
| I hereby declare that I understand that my entry to the State of Israel will be conditional upon presenting a COVID 19 negative test result in English, which was taken 48 hours prior to my flight. | |
| I hereby declare that I understand that my entry to the State of Israel will be conditional upon presenting a medical insurance policy which includes COVID-19 treatment to the border control authorities upon my arrival. **I understand that my entry will to the State of Israel will be refused if I do not present such medical insurance.** | |
| I am aware that I must fill out a health declaration and passenger information form as per the below link, within the 24 hours prior to my flight to the State of Israel  <https://govforms.gov.il/mw/forms/Quarantine@health.gov.il> | |
| In case I feel any symptoms related to the Novel Corona virus I will immediately report to the hosting Israeli company or call \*5400 to receive further instructions | |
| I hereby declare that all the information provided above is correct to the best of my knowledge and I bear the responsibility for the correctness of the above information. | |