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| 1. Quarantine Exemption Application  (front side)  □ fully vaccinated abroad  \* Check if you have had the required full doses of vaccine overseas at least two weeks before | | | | |
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| Applicant | Name | | Sex | [ ] Male  [ ] Female |
| Nationality | | Date of birth |  |
| Passport no. | | Applicant’s mobile phone no. |  |
| Status of stay (in case of foreign nationals) | | KTF International Assistant Manager – Helen Kim  Tel: +82-70-7725-9437  Phone: +82-10-2073-1284 | |
| Address in Korea 1F, Olympic Convention Center, 424, Olympic-ro, Songpa-gu, Seoul KTF (Tel.:02-3431-6798 ) | | | |
| Affiliation Korea Triathlon Federation | | KTF International Assistant Manager – Helen Kim  Tel: +82-70-7725-9437 | |
| 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.)  Triathlon World Cup | |
| 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 (e.g. documents related to the business or event, death certificate, vaccination certificate, papers to prove family relationship, etc). | | |
| Although I, the applicant, am aware that entrants to the Republic of Korea are subject to quarantine for 14 days to prevent the spread of COVID-19 infections, I, \_\_\_\_\_\_\_\_\_\_\_\_\_ , hereby submit this application to apply for quarantine exemption 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 Ministry of Health and Welfare, Korea Disease Control and Prevention Agency, Ministry of Foreign Affairs and overseas missions, Ministry of Justice, Ministry of Land, Infrastructure and Transport, National Police Agency, healthcare and medical centers, hospitals, etc.) 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):  Korea Triathlon Federation / Sungjin Lee | | | | |

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| Itinerary for Quarantine Exemption Period  (back side) |
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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. You may attach additional pages to provide detailed plans, as needed.  ※ not necessary if the applicant has received the full doses of vaccine  **Example)**   |  |  |  | | --- | --- | --- | | **Day** | **Transfer** | **Plan** | | 2021.10.18 | Airport→Self Quarantine | PCR test and wait for the negative Result | | 2021.10.19 | Self Quarantine – Haeundae |  | | 2021.10.20 |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  | | --- | --- | | **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. | |
| I understand and agree that providing false information **to the Minister of \_\_\_\_\_\_\_\_\_\_\_\_\_ / the Ambassador or Consul-General of the Republic of Korea to \_\_\_\_\_\_\_\_\_\_\_\_\_** 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) : Sungjin Lee (signature) |