

EXTRAORDINARY MOVEMENT PERMIT

SECTION A

The undersigned: _____
with Date of Birth: _____
with Home Address: _____

Time of movement: _____

I hereby declare that my movement relates to the following reason:
(Mark **X** in the corresponding box in Section B.)

SECTION B

B1 Going to the pharmacy or visiting a Doctor or to donate blood, in the case that this is recommended after a previous communication.

B2 Going to an in-service basic goods supply store, where its commodities cannot be delivered.

B3 Going to a government service or the bank, insofar an electronic transaction is not possible.

B4 Going to help people in need or escort minor students to/from school.

B5 Going to a funeral ceremony under the conditions as provided by law or movement of divorced or legally separated parents, which is crucial for the communication between children and parents, in accordance with the applicable provisions.

B6 Short movement, near my home, for individual physical exercise (excluding any group sport activity) or for pet needs.

Place _____

Signature

Date _____

The undersigned _____