

PROTOKOL ZA ULAZAK U GRČKU

<u>Svi</u> putnici koji ulaze u Republiku Grčku, dužni su da ispune Passenger Locator Form - PLF (link za popunjavanje PLF obrasca: <u>https://travel.gov.gr/</u>) <u>najmanje 24 sata pre ulaska u zemlju</u>, pružajući detaljne informacije o mestu polaska , trajanju prethodnog boravka u drugim zemljama i adresi boravka tokom boravka u Grčkoj.

Nakon popunjavanja PLF obrasca <u>putnici će na email dobiti QR kod</u> koji će (odštampan ili na svom mobilnom telefonu) morati da prikažu prilikom ulaska u zemlju.

Svi putnici moraju poštovati sve neophodne mere preventivne higijene (upotreba maski i fizičko / socijalno distanciranje).

Link za popunjavanje PLF obrasca: https://travel.gov.gr/

UPUTSTVO ZA POPUNJAVANJE PLF OBRASCA



LOGIN

Pre popunjavanja PLF obrasca, morate da se registrujete. Prva strana koja se otvara je strana za prijavu i tu u dnu strane kliknite na "Register" - otvara Vam se stranica za registraciju i tu unesite svoju mejl adresu i lozinku koju izaberete, pa klik na "Submit". Na navedenu mejl adresu će Vam odmah stići mejl za potvrdu i klikom na link iz tog mejla ponovo dolazite na stranicu za prijavljivanje (Login) - unesite mejl adresu i lozinku koju ste izabrali, i možete da počnete sa popunjavanjem PLF obrasca.

Passenger Locator Form (PLF) Login	Passenger Locator Form (PLF) Register
Email	Email
Password	Pessword
Register Reset Plassword Balamit	Confirm Password

BEFORE YOU BEGIN

Označite sve tri stavke i možete početi sa popunjavanjem - da ste pročitali protokol, da ćete tačno i potpuno popuniti obrazac i da ćete popuniti samo 1 obrazac za Vašu porodicu.



0. TRAVEL DIRECTION



1. TRANSPORTATION TYPE

Izaberite kojim prevoznim sredstvom dolazite u Grčku /drumski, avio ili vodni saobraćaj

- Ground (Bus/Train/Car)

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Jus / Train / Car)				
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2. GROUND TRANSPORTATION TYPE

Samo ova stavka se razlikuje kod prevoza drumskim saobraćajem, u zavisnosti da li izaberete BUS ili AUTO, sve ostale stavke dalje su identične.

2A. BUS - prevoz autobusom

kad izaberete prevozno sredstvo BY BUS otvore Vam se nove opcije:

polje 1 - upišite broj registarskih tablica (nije obavezno polje, opciono)

polje 2 - Carrier - upišite naziv prevoznika, Rasto tours

polje 3 - Seat number - broj sedišta (opciono)

polje 4 - datum ulaska u Grčku - otvoriće Vam se kalendar da izaberete datum i kliknite OK

polje 5 - granični prelaz – izaberite u spisku preko kog graničnog prelaza ulazite u Grčku

Please select which ground transport will you be using	1							
Bus								
⊖ Train								
⊖ Car								
Please fill in the information with regards to your trans	portation	ı						
Plate Number (Optional)								
arrier								
Rasto tours								
Rasto tours Seat Number (Optional)								
Rasto tours Seat Number (Optional)								
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2B. BY CAR - sopstveni prevoz automobilom

kad izaberete prevozno sredstvo BY CAR otvore Vam se nove opcije:

polje 1 - upišite broj Vaših registarskih tablica

polje 2 - datum ulaska u Grčku - otvoriće Vam se kalendar da izaberete datum i kliknite OK

polje 3 - granični prelaz – izaberite u spisku preko kog graničnog prelaza ulazite u Grčku

	govgreen Over Arriva	ls in G	reec	e					
	• Back								
	Passenger Locator Form (PLF) – Please fill t	his forr	n in	Eng	lish				
	Ground Transportatio	n T	yp	e					
	Please select which ground transport will you be using								
	O Bus								
	O Train								
	• Car								
	Please fill in the information with regards to your transp	ortation							
	Plate Number								
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		14	15	16		18	19		
d d	Point of entry in the country	21	22	23 30	24	25	25		
	Select Entry Point								
	Color Ling Form				C	ANCE	L	ок	

3. HEALTH QUESTIONS

Izaberite opciju za koju imate potrebnu dokumentaciju:

Back
Passenger Locator Form (PLF) – Please fill this form in English
Health Questions
Please provide all the necessary information
Which of the following credentials are you bringing to enter the country?
O Complete Vaccination
 Negative PCR taken no more than 72 hours before my arrival or a negative antigen (rapid) test taken no more than 48 hours before my arrival
○ Recovery from COVID in the past 30 to 180 days
Continue

1 - kompletna vakcinacija - ako izaberete ovu opciju, otvaraju se dodatna polja sa detaljima vakcijacije - u kojoj državi ste primili vakcinu, od kog proizvodjača i kad je bila poslednja doza

which country did you get vaccinated?	
Select vaccination country	•
hich manufacturer?	
Select vaccine manufacturer	*

- 2 negativan PCR test ne stariji od 72 sata ili negativan rapid antigenski test, ne stariji od 48 sati
- 3 preležan COVID u toku proteklih 30 do 180 dana

3. PERSONAL INFORMATION - lične informacije

Prezime (obavezno) / Ime (obavezno) / Srednji inicijal (opciono) / Pol (obavezno)

Godište (unesite broj godina) / Tip dokumenta (izaberite Passport i upisite broj pasoša)

Pass	senger Locator Form (PLF) – Please fill this form in English	
Pe	ersonal information	
Perso	al information	
Last (family) name	
Prez	lime	
First ((given) name	
Ime		
Middle	le Initial (Optional)	
Your se	ex	
() N	/ale	
• F	- Female	
0 0	Dther	
Age		
Enter a po	ositive number, e.g. 23, 89.	
22		
ID Door	uport Tupo	
	Internet ID	
0 N	vational ID	
• F	Passport	
Passpo	ort Number	

U sledećem delu od Vas se traže brojevi telefona gde Vas mogu pronaći, ako je potrebno:

- broj mobilnog telefona (obavezno) : +381 65 2622104
- +381 (pozivni za Srbiju) _ _ (pozivni broj operatera, bez 0 na početku) _ _ _ _ (broj telefona)
- poslovni broj telefona, kućni broj telefona i drugi broj telefona (opcioni)
- Email adresa

Business phone number (Optional)			
Enter a plus sign (+) followed by your country code and you	r phone number, e.g. +306989123456.		
Home phone number (Optional)			
Home phone number (Optional) Enter a plus sign (+) followed by your country code and you	r phone number, e.g. +306989123456.		
Home phone number (Optional) Enter a plus sign (+) followed by your country code and you	r phone number, e.g. +306989123456.		
Home phone number (Optional) Enter a plus sign (+) followed by your country code and you	r phone number, e.g. +306989123456.		
Home phone number (Optional) Enter a plus sign (+) followed by your country code and you	r phone number, e.g. +306989123456.		

actratraval@actratraval.rd		
dation avenue astronomenta		

4. PERMANENT ADDRESS - stalna adresa

Država / regija / grad / poštanski broj / ulica / broj zgrade / broj stana (opciono) država koju ste prethodno posetili (opciono) -

Ukoliko ste u prethodnih 14 dana boravili u nekoj drugoj zemlji (ne samo tranzitno), upišite/izaberite iz spiska

Please fill in the address of your permanent residence	
Country	
Serbia	
State / Province	
Beograd (Belgrade)	
City	
Belgrade	
ZIP / Postal code	
11000	
Street	
Svetozara Markovica	
Street Number	
4	
Anartment number (Ontional)	
Previously Visited Country (Optional)	
If in the previous 14 days you have stayed in a country (not transit) other than your permanent address, declare below the name of country	
Select Country	

5. **TEMPORARY ADDRESS** - privremena adresa - adresa gde ćete boraviti naredne 2 nedelje Informacije za popunjavanje:

- država Greece
- regija Kentriki Makedonia Central Macedonia gde spada Halkidiki
- grad i poštanski broj poštanski brojevi mesta na Sitoniji:

Sarti 63072, Kalamitsi 63072, Vurvuru 63078, Toroni 63072, Neos Marmaras 63081, Nikiti 63088,

Metamorfozis 63088, Psakoudia 63071, Nea Plagia 63200

- ime hotela-apartmana upišite ime kuće u kojoj ćete boraviti
- adresa apartmana upišite opet ime kuće
- broj apartmana

Country	
Greece	
State / Province	
Kentriki Makedonia	
City	
Sarti	
ZIP / Postal code	
63072	
63072	
Hotel name (If any) (Optional)	
Alexandros house	
Street	
Alexandras house	
Alexandridos nouse	
Apartment number (Optional)	
2	
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6. EMERGENCY CONTACT INFORMATION

Kontakt osobe koja vas može kontaktirati, pronaći u narednih mesec dana

Prezime / Ime / Država / Grad / Broj mob. telefona / Drugi broj telefona (opciono) / Email adresa

Last (family) name	
Prezime	
First (given) name	
Ime	
Country	
Serbia	
City Belgrade Mobile phone	
City Belgrade Mobile phone Enter a plus sign (+) followe +381112622104	d by your country code and your phone number, e.g. 4306989123456.
City Belgrade Mobile phone Enter a plus sign (+) followe +381112622104 Other phone number Enter a plus sign (+) followe	d by your country code and your phone number, e.g. +306989123456. (Optional) d by your country code and your phone number, e.g. +306989123456.
City Belgradel Mobile phone Enter a plus sign (+) followe +381112622104 Other phone number Enter a plus sign (+) followe Email address Enter your username/mailbol	d by your country code and your phone number, e.g. +306989123456. (Optional) d by your country code and your phone number, e.g. +306989123456. x name followed by the @ symbol and the domain name, e.g. jamith@example.com.

7. TRAVEL COMPANIONS - FAMILY saputnici iz porodice



da biste dodali imena svojih saputnika iz porodice kliknite na ADD FAMILY MEMBER

(godine upišite samo ako je u pitanju osoba mladja od 18 godina) otvoriće se dodatne opcije:

Prezime / Ime / Broj sedišta (opciono) / Godine (opciono)

- ukoliko želite da dodate još članova porodice, vratite se na vrh strane i kliknite opet na dugme ADD FAMILY MEMBER i dodaće se opcije za sledećeg člana porodice

Travel Companions – Family	
Only include age if younger than 18 years ADD FAMILY MEMBER Last (family) name	
Prezime	
First (given) name	
Ime1	
Seat number (Optional)	
Age Enter a positive number, e.g. 23, 89. This field, if provided, should only contain positive numbers	
REMOVE FAMILY MEMBER 1 Last (family) name	
Prezime	
First (given) name	
Ime2	
Seat number (Optional)	
Age Enter a positive number, e.g. 23, 89. This field, if provided, should only contain positive numbers	
REMOVE FAMILY MEMBER 2	

8. TRAVEL COMPANIONS - NON-FAMILY / NON-SAME HOUSEHOLD

Putnici koji nisu iz istog domaćinstva

Kliknite na dugme ADD NON-FAMILY MEMBER

Passenger Loca	or Form (PLF) – Please fi	I this form in English			
Travel C	ompanions	- Non-Fan	nily / Noi	า-	
Same H	ousehold				
Also include name o	group (if any)				
ADD NON-FAMILY TR	VEL COMPANION				
Submit					
		Hellenic Repub General Secretariat for Ci	lic vil Protection		
		Hellenic Repub General Secretariat for Ci	lic vil Protection		
		Hellenic Repub General Secretariat for Ci	lic vil Protection		
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Prezime / Ime / Grupa (opciono)

Ako želite još osoba da dodate, vratite se na vrh strane i kliknite ADD NON-FAMILY MEMBER Kad dodate sve putnike kliknite na SUBMIT i time zavrsavate prijavu.



Ubrzo će Vam stići email QR kodom na adresu koju ste uneli u prijavi.