

EXTRAORDINARY MOVEMENT PERMIT

SECTION A

Full Name: _____
Date of Birth: _____
Home Address: _____

Time of transportation: _____

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

SECTION B

- B1** Going to the pharmacy or visiting a Doctor, in the case that this is recommended after a previous contact.
- B2** Going to a Supply Store in operation, where its commodities cannot be delivered.
- B3** Going to the bank, when electronic transactions are not possible.
- B4** Going to help people in need.
- B5** Going to a ceremony (e.g. funeral, marriage, baptism), under the conditions provided by law or transition of divorced or legally separated parents, which is crucial for the communication between children and parents, in accordance with the applicable provisions.
- B6** Short commute, near my home, for individual physical activity (excluding any collective sporting activity) or for pet needs.

Place _____

Signature

Date _____

The Declarant _____