1. Quarantine Exemption Application

(front side)

Applicant	Name	Sex	[] Male [] Female	
	Nationality	Date of birth	[] remale	
	Passport no.	Applicant's mot	pile phone no.	
	Status of stay (in case of foreign n	ationals) Emergency con (inviting compa	Emergency contact no. in Korea (inviting company, family, etc.)	
	Address in Korea (Please provide a full address) (Tel.:			
	Affiliation (company name, title)	Contact no. of	Contact no. of inviting company and person in charge	
	Country of departure for Korea	Date of departu	Date of departure and flight no.	
	Expected date of arrival in Korea	Quarantine exer	Quarantine exemption period	
	Expected date of departure from K	orea Place of event	Place of event (funeral, etc.)	
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' the visit, and airline tickets, et			t's passport, documents to prove the stated purpose of tc.	
Although I, the applicant, am aware that entrants to the Republic of Korea are subject to the Special Entry Procedure upon arrival and quarantine for 14 days after the entry in compliance with the country's measures to prevent the spread of COVID-19, I,, hereby submit this application to the Minister of / the Ambassador or Consul-General of the Republic of Korea to to apply for exemption from quarantine 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 the Ministry of Health and Welfare, the Korea Disease Control and Prevention Agency, the Ministry of Foreign Affairs and diplomatic offices abroadits 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) **Date: yy mm dd* Applicant's name: (signature) Guarantor (representative of inviting company or organization): (company name) / (Guarantor's name) (signature)				
Receive	d by (Organization)	(title)	(name)	
Date of	receipt		yy mm dd	
No	punishment in accordance wi 2. A person exempt from quar te test, conduct active monitorin Quarantine Exemption Period	th the Infectious Disease Co rantine must faithfully execut g, comply with infection prev and follow quarantine/isola Applications submitted to the	te his/her obligations to receive a diagnostic ention guidelines, adhere to the Itinerary for tion orders. the relevant Minister and the Ambassador or	

Itinerary for Quarantine Exemption Period (back side)

O 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 and people to visit and transport to use during the travel such as a personal car or a vehicle provided by the inviting company. Please be reminded that you are not allowed to use public transportation. You may attach additional pages to provide detailed plans, as needed.
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: yw mm dd
Date: yy mm dd Applicant's name: (signature)
Guarantor's name (representative of inviting company or organization): (signature)