**FORM B**

**CERTIFICATE OF EXTRAORDINARY CITIZEN MOVEMENT**

I .................... ,

with date of birth …………………….

Passport/ID number ……………………………

and home address ……………………………

hereby declare that my transportation at …………………… (declare exact time) is related to the following reason:

(Mark Χ in the corresponding box here below)

|  |
| --- |
| Going to the pharmacy or visiting a Doctor |
| Going to a Supply Store for essential commodities  |
|  Going to the bank, when electronic transactions are not possible |
| Going to help people in need. |
| Short commute, near my residence, for individual physical activity or for pet needs. |
| Going to a ceremony (e.g. funeral, wedding, baptism), under the conditionsprovided by law or commute of divorced or legally separated parents, which is crucial for the communication between children and parents, in accordance with the applicable provisions. |
| Returing to my residence after mandatory restriction or quarantine. |
| Declaration of any other transportation that could be justified based on the relevant transportation prohibition measures. …………………………………………………….. |