Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Justice and Police FDJP

State Secretariat for Migration SEM
Directorate for International Cooperation
Return Division
Americas, Europe, CIS, Far East Section

P.P. CH-3003 Berne-Wabern, SEM

Courrier A (advanced copy by e-mail)
Embassy of Georgia
Consular Section
Mrs Ketevan Esiashvili
Counsellor/Consul
Seftigenstrasse 7
3007 Berne

Reference: Special charter flight organised by Switzerland on 16 June 2020
Your reference:
Our reference: Jnr
Berne-Wabern, 3 June 2020

Special charter flight organised by Switzerland on 16 June 2020

Dear Mrs Esiashvili

We would like to inform you that following persons will be repatriated by a special repatriation flight from Switzerland to Georgia which is scheduled for Tuesday, 16 June 2020 (please find the flight details in the enclosure):

N 689 133 – JANJGAVA Elene, 18.02.1990 (**) and her son TSIKLAURI Nikoloz, 13.10.2010 (*)

N 717 384 – NEMSITSVERIDZE Gaga, 01.08.1988, his wife BURJALIANI Teona, 03.06.1990 and their children NEMSITSVERIDZE Koba, 27.02.2015 (*), NEMSITSVERIDZE Nia, 30.01.2016 and NEMSITSVERIDZE Marta, 05.11.2019 (*)

N 721 732 – BATLIDZE Khatuna, 28.09.1967 (*)

N 715 667 – MTCHEDLISHVILI Giorgi, 06.05.1988 (**)

(*) = persons with some health problems
(**) = we are still waiting for the medical information form which will be forwarded to you as soon as possible

State Secretariat for Migration SEM
Richard Janda
Quellenweg 6, 3003 Berne-Wabern
+41(0)58 465 99 29, Fax +41(0)58 465 91 04
richard.janda@sem.admin.ch
www.sem.admin.ch

Please find copies of the travel documents enclosed as well as the medical clearances.

The medical care is guaranteed, there are no contraindications to deportation.

We would like to emphasize that concerning N 717 384 – NEMSITSVERIDZE Koba, 27.02.2015 a medical handover followed by a medical check in a pediatric clinic or direct transfer to the Jo Ann Medical Center Tbilisi is according to Swiss doctors strongly advisable.

Concerning N 689 133 TSIKLAURI Nikoloz, 13.10.2010, also a medical handover is to a psychiatric specialist is strongly recommended.

The passengers will be escorted by Swiss police officers and medical personnel (physician, urgentist) as well as by a representative of the Federal Department of Justice and Police and a Swiss observer.

The SEM will ensure maximum security measures in the process of the organized return (e. g. gloves and medical masks, symptom checks before start – persons with symptoms of COVID-19 will not participate at this flight).

Please inform the concerned authorities in Georgia about this special flight.

We are at your disposal of any information you may require.

Thank you for your kind assistance in this matter.
Yours sincerely

State Secretariat for Migration SEM

Richard Janda
Return Specialist

Copy to:
Ministry of Internal Affairs, Migration Department (via RCMES)

Sonderflug

Datum:	**16.06.2020**
Destination/en:	**Genf-Tiflis-Genf**
Routing:	**GVA-TBS-GVA**
Fluggerät CHE:	**Airbus A 220-100**
Fluggesellschaft CHE:	**Swiss**
Fluggerät FRONTEX:	
Fluggesellschaft FRONTEX:	

Flugplan main Charter:

Datum	Kurs	UTC	Destination		Lokal-zeit	Flug-Std.
16.06.2020		16.06. 08:00	Genf	GVA	10:00	04:50
16.06.2020		16.06. 12:50	Tiflis	TBS	14:50	
16.06.2020		16.06. 13:35	Tiflis	TBS	15:35	04:50
16.06.2020		16.06. 18:25	Genf	GVA	20:25	

საქართველოს
დასაბრუნებლად გზავნილი
TRAVEL DOCUMENT FOR RETURN
TO GEORGIA

GG 0127298

ვანჯგავა
JANJGAVA

ქლენე
Elene

საქართველო
GEORGIA

ქალი
F

18.02.1990

საქართველო
GEORGIA

01.04.2020

30.06.2020

Embassy of Georgia to Swiss Confederation

ვიზა / VISA

შენიშვნები / REMARKS

დოკუმენტის ნამდვილობის შემოწმება
შესაძლებელია საქართველოს საგარეო
საქმეთა სამინისტროს ოფიციალურ ვებ-
გვერდზე:
www.geoconsul.gov.ge/ka/TravelDocument

Authenticity of this document can be verified
on the official website of the Ministry of
Foreign Affairs of Georgia
www.geoconsul.gov.ge/TravelDocument

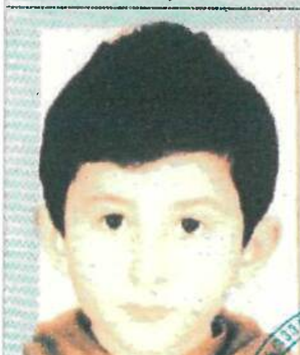
შენიშვნები / REMARKS

დოკუმენტის ნამდვილობის შემოწმება შესაძლებელია საქართველოს საგარეო საქმეთა სამინისტროს ოფიციალურ ვებ-გვერდზე:
www.geoconsul.gov.ge/ka/TravelDocument

Authenticity of this document can be verified on the official website of the Ministry of Foreign Affairs of Georgia
www.geoconsul.gov.ge/TravelDocument

ვიზა / VISA

საქართველოში დასაბრუნებელი მოწმობა
TRAVEL DOCUMENT FOR RETURN TO GEORGIA



GG 0127297

Field	Value
SURNAME	წიკლაური TSIKLAURI
GIVEN NAME	ნიკოლოზ Nikoloz
NATIONALITY	საქართველო GEORGIA
SEX	მ M
DATE OF BIRTH	13.10.2010
PLACE OF BIRTH	საქართველო GEORGIA
DATE OF ISSUE	01.04.2020
DATE OF EXPIRY	30.06.2020
ISSUING AUTHORITY	შვეიცარიის კონფედერაციაში საქართველოს საელჩო Embassy of Georgia to Swiss Confederation
HOLDER'S SIGNATURE	
AUTHORISED SIGNATURE	[signature]

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Justice and Police FDJP
State Secretariat for Migration
Return Division

MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)

TSIKLAURI Nikoloz

Number	Date of Birth	Gender
689 133	13OCT10	male

2. Medical expert (First name / Name)

Julia Wagner

Address/E-Mail	Phone contact number (+prefix) preferably mobile phone
oseara@hin.ch	+41 44 803 95 70

3. Diagnosis in details
(including date of onset of current illness, episode or accident and treatment)

Documents submitted by SwissRepat 200528 11.32: 3 pages.
Post-traumatic stress disorder. No date of onset. Pharmacotherapy. Psychotherapy.

Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton: -

Is the illness contagious?	Yes	☐	No	☐		
Suicidality?	Yes	☐	No	☐	n.a.	☐
Indication of hunger strike?	Yes	☐	No	☐	n.a.	☐

Nature and date of any recent and/or relevant surgery.

01/20 Nasal surgery

4. Current symptoms and severity

Fear, nightmares

5. Escort

a. Is the patient fit to travel unaccompanied?	Yes	☐	No	☒		
b. If no, who should escort the patient?	Doctor	☐	Nurse	☒	Other	☐

6. Mobility

a. Is the patient able to walk without assistance?	Yes	☒	No	☐

b. Wheelchair required for boarding.

WCHR ☐ WCHS ☐ WCHC ☐

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Justice and Police FDJP
State Secretariat for Migration
Return Division

MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight

8. Current medication

Hypnotics and sedatives, combined, excl. Barbiturates (various)

9. Reserve medication

10. Other medical information

If the person has a fever, cough, breathing difficulties, the person must be tested for SARS-CoV 2 48 hours before returning.

The SEM has not provided accurate access to the medical information as required for medical assessments. The SEM also does not provide any information on current vital signs, medical status, physical performance or the person's health literacy for a competent decision on return.

11. Special Assistance Form SAF

A. Ambulance from airport:	Yes ☐	No ☒
B. Assistance required upon arrival:	Yes ☐	No ☒
C. Other grounds support required:	Yes ☐	No ☒

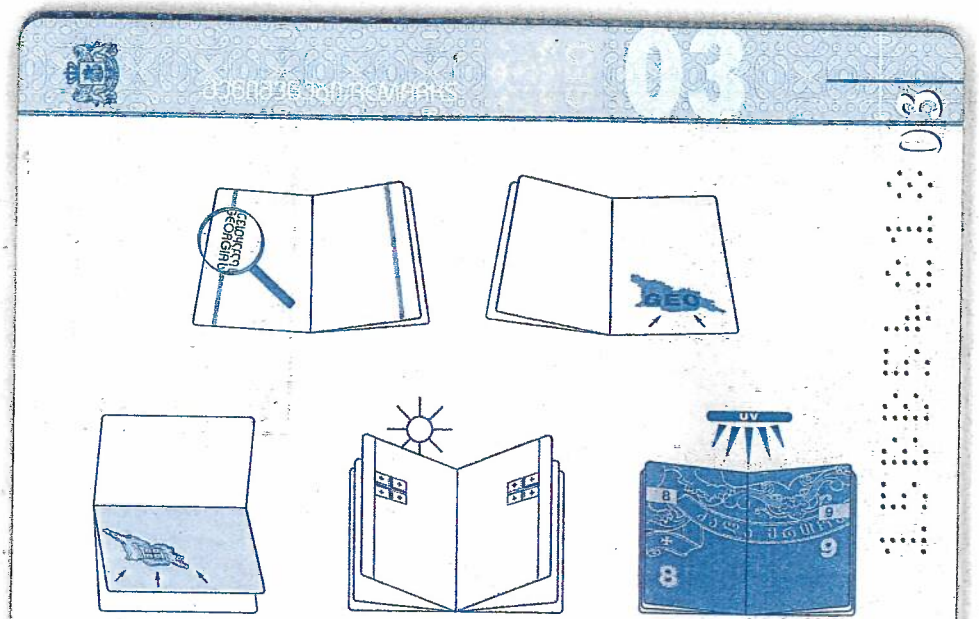
D. Specific needs/support/equipment (incl. own equipment) required upon arrival:

Yes ☒ No ☐

If yes, please give further information:

➔ Medical handover to a psychiatric specialist who can decide whether psychiatric hospitalization is necessary or not

Medical expert signature and stamp	WAGNER, MD PhD GLN 7601003357554	Place and date	ZRH, 200602



საქართველო
PASSPORT

საქართველო
Georgia

ტიპი / TYPE P
ქვეყნის კოდი / CODE OF STATE GEO
პასპორტი / PASSPORT
15BB54218

გვარი / SURNAME
ნემსიწვერიძე / NEMSITSVERIDZE
სახელი / GIVEN NAME
გაგა / GAGA
მოქალაქეობა / CITIZENSHIP
საქართველო / GEORGIA
დაბადების თარიღი / DATE OF BIRTH
01 აგვ / AUG 1988
სქესი / SEX
მ / M
პირადი ნომერი / PERSONAL NUMBER
60001088622
დაბადების ადგილი / PLACE OF BIRTH
ქუთაისი / KUTAISI
გაცემის თარიღი / DATE OF ISSUE
19 დეკ / DEC 2016
მოქმედების ვადა / EXPIRY DATE
19 დეკ / DEC 2026
გამცემი ორგანო / ISSUING AUTHORITY
იუსტიციის სამინისტრო
MINISTRY OF JUSTICE
მფლობელის ხელმოწერა / OWNER'S SIGNATURE

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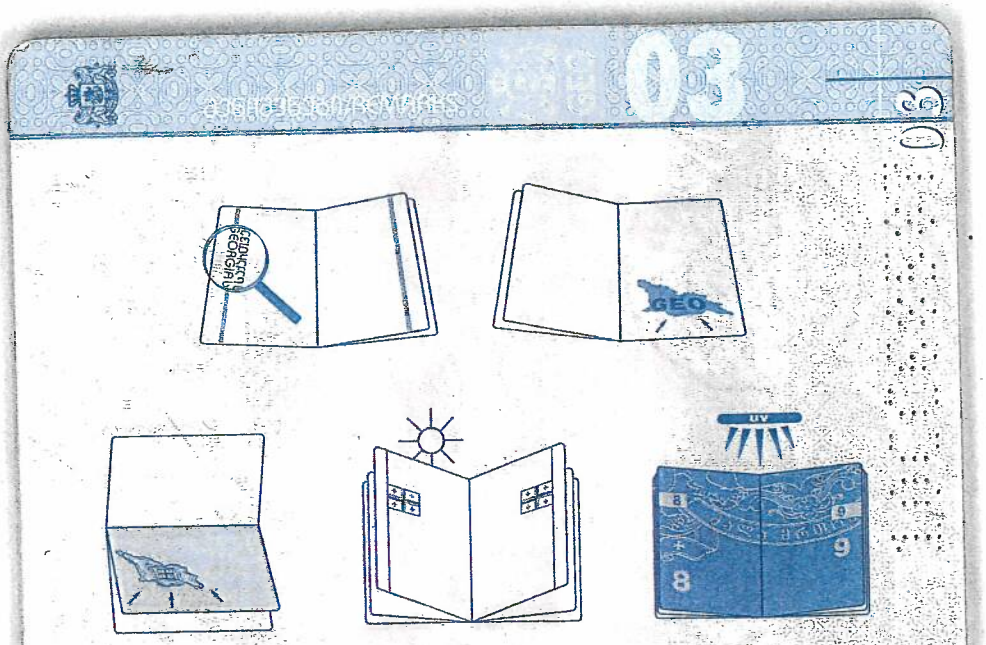

საქართველო
Georgia

პასპორტი PASSPORT

ტიპი TYPE P

ქვეყნის კოდი CODE OF STATE GEO

პასპორტი / PASSPORT
10CC68587

გვარი / SURNAME
ბურჯალიანი / BURJALIANI

სახელი / GIVEN NAME
თეონა / TEONA

მოქალაქეობა / CITIZENSHIP
საქართველო / GEORGIA

პირადი ნომერი / PERSONAL NUMBER
49001013568

დაბადების თარიღი / DATE OF BIRTH
03 ივნ / JUN 1990

სქესი / SEX
მდ / F

დაბადების ადგილი / PLACE OF BIRTH
ცაგერი / TSAGERI

მფლობელის ხელმოწერა / OWNER'S SIGNATURE

გაცემის თარიღი / DATE OF ISSUE
05 ნოე / NOV 2012

მოქმედების ვადა / EXPIRY DATE
05 ნოე / NOV 2022

გამცემი ორგანო / ISSUING AUTHORITY
იუსტიციის სამინისტრო / MINISTRY OF JUSTICE

P<GEOBURJALIANI<<TEONA<<<<<<<<<<<<<<<<<<<<<<
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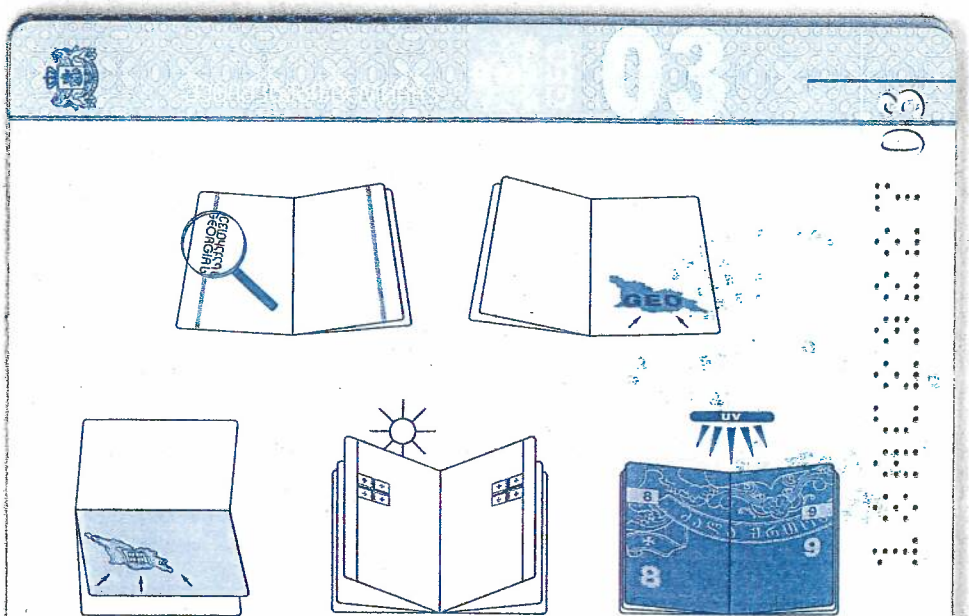

საქართველო

Georgia

პასპორტი PASSPORT

ტიპი TYPE P

ქვეყნის კოდი CODE OF STATE GEO

პასპორტი / PASSPORT
18AC29227

გვარი / SURNAME
ნემსიწვერიძე / NEMSITSVERIDZE

სახელი / GIVEN NAME
კობა / KOBA

მოქალაქეობა / CITIZENSHIP
საქართველო / GEORGIA

დაბადების თარიღი / DATE OF BIRTH
27 თებ / FEB 2015

სქესი / SEX
მმ / M

პირადი ნომერი / PERSONAL NUMBER
01150081759

დაბადების ადგილი / PLACE OF BIRTH
თბილისი / TBILISI

გაცემის თარიღი / DATE OF ISSUE
05 აპრ / APR 2019

მოქმედების ვადა / EXPIRY DATE
05 აპრ / APR 2022

გამცემი ორგანო / ISSUING AUTHORITY
იუსტიციის სამინისტრო
MINISTRY OF JUSTICE

მფლობელის ხელმოწერა / OWNER'S SIGNATURE

P<GEONEMSITSVERIDZE<<KOBA<<<<<<<<<<<<<<<<<<<<
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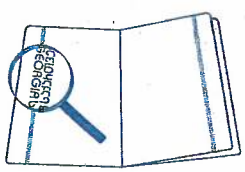
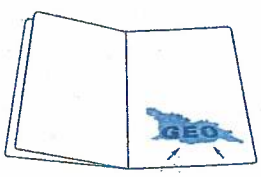
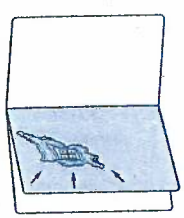
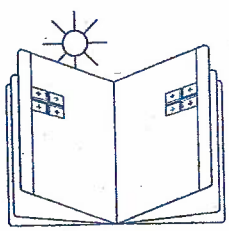








საქართველო Georgia

პასპორტი PASSPORT

ტიპი TYPE P

ქვეყნის კოდი CODE OF STATE GEO

პასპორტი / PASSPORT
18AC28488

გვარი / SURNAME
ნემსიწვერიძე / NEMSITSVERIDZE

სახელი / GIVEN NAME
ნია / NIA

მოქალაქეობა / CITIZENSHIP
საქართველო / GEORGIA

დაბადების თარიღი / DATE OF BIRTH
30 იან / JAN 2016

სქესი / SEX
მ / F

პირადი ნომერი / PERSONAL NUMBER
60450044855

დაბადების ადგილი / PLACE OF BIRTH
ქუთაისი / KUTAISI

გაცემის თარიღი / DATE OF ISSUE
03 აპრ / APR 2019

მოქმედების ვადა / EXPIRY DATE
03 აპრ / APR 2022

გამცემი ორგანო / ISSUING AUTHORITY
იუსტიციის სამინისტრო
MINISTRY OF JUSTICE

მფლობელის ხელმოწერა / OWNER'S SIGNATURE

P<GEONEMSITSVERIDZE<<NIA<<<<<<<<<<<<<<<<<<<<<<
18AC284889GE01601301F2204031<<<<<<<<<<<<<<00

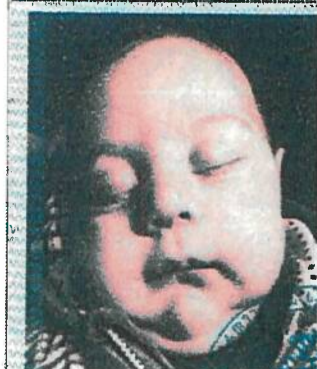
საქართველოში დასაბრუნებელი მოწმობა

TRAVEL DOCUMENT FOR RETURN TO GEORGIA

ვიზა / VISA

ვიზა / VISA

საქართველოში დასაბრუნებელი მოწმობა
TRAVEL DOCUMENT FOR RETURN TO GEORGIA



გვარი / SURNAME	ნემსიწვერიძე NEMSITSVERIDZE
სახელი / GIVEN NAME	მართა Marta
მოქალაქეობა / NATIONALITY	საქართველო GEORGIA
სქესი / SEX	მდ F
დაბადების თარიღი / DATE OF BIRTH	05.11.2019
დაბადების ადგილი / PLACE OF BIRTH	საქართველო GEORGIA
გაცემის თარიღი / DATE OF ISSUE	02.04.2020
მოქმედების ვადა / DATE OF EXPIRY	01.07.2020
გამცემი ორგანო / ISSUING AUTHORITY	შვეიცარიის კონფედერაციაში საქართველოს საელჩო Embassy of Georgia to Swiss Confederation
მფლობელის ხელმოწერა / HOLDER'S SIGNATURE	
უფლებამოსილი პირის ხელმოწერა / AUTHORITY SIGNATURE	[signature]

GG 0127304

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Justice and Police FDJP
State Secretariat for Migration
Return Division

MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)		
NEMSITSVERIDZE Koba		
Number	Date of Birth	Gender
717 384	27FEB15	male

2. Medical expert (First name / Name)	
Serafettin Onk	
Address/E-Mail	Phone contact number (+prefix) preferably mobile phone
oseara@hin.ch	+41 44 803 95 70

3. Diagnosis in details
(including date of onset of current illness, episode or accident and treatment)

Documents submitted by SwissRepat 200519 11.23: 17 pages and 200103 11.55: 66 pages
Recurrent syncope and presyncope 02/20. Right ventricular hypoplasia, probably tricuspid atresia IIb, large atrial septal defect, ventricular septal defect, transposition of the large arteries, sinus arrhythmia. Years.

Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton: -

Is the illness contagious?	Yes	☐	No	☒		
Suicidality?	Yes	☐	No	☒	n.a.	☐
Indication of hunger strike?	Yes	☐	No	☒	n.a.	☐

Nature and date of any recent and/or relevant surgery.

10/2015: Glenn anastomosis

4. Current symptoms and severity

Recurrent synkopes and worsening general condition, shortness of breath, cynosis

5. Escort

a. Is the patient fit to travel unaccompanied?	Yes	☒	No	☐		
b. If no, who should escort the patient?	Doctor	☒	Nurse	☒	Other	☐

6. Mobility

a. Is the patient able to walk without assistance?	Yes	☒	No	☐
b. Wheelchair required for boarding.				

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Justice and Police FDJP
State Secretariat for Migration
Return Division

WCHR ☐	WCHS ☐	WCHC ☐

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Justice and Police FDJP
State Secretariat for Migration
Return Division

MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight

Oxygen up to 4/l per minutes is indicated.

8. Current medication

9. Reserve medication

10.Other medical information

If the person has a fever, cough, breathing difficulties, the person must be tested for SARS-CoV 2 48 hours before returning.

A medical escort from home to the airport is strongly indicated.

11.Special Assistance Form SAF

A. Ambulance from airport:	Yes ☒	No ☐
B. Assistance required upon arrival:	Yes ☒	No ☐
C. Other grounds support required:	Yes ☒	No ☐

D. Specific needs/support/equipment (incl. own equipment) required upon arrival:

Yes ☒ No ☐

If yes, please give further information:

➔ Oxygen. Medical handover. Medical check in a pediatric clinic or direct transfer to the Jo Ann Medical Center Tbilisi

Medical expert signature and stamp	ONK, MD GLN 7601007786992	Place and date	ZRH, 200522

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Justice and Police FDJP
State Secretariat for Migration
Return Division

MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)		
NEMSITSVERIDZE Marta		
Number	Date of Birth	Gender
717 384	05NOV19	female
2. Medical expert (First name / Name)		
Serafettin Onk, Béatrice Truffer-Richard		
Address/E-Mail	Phone contact number (+prefix) preferably mobile phone	
oseara@hin.ch	+41 44 803 95 70	

3. Diagnosis in details
(including date of onset of current illness, episode or accident and treatment)

Documents submitted by SwissRepat 200519 11.09: 3 pages and 200103 11.55: 3 pages
Spontaneously closed ventricular septal defect.

Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton: -

There is no information as to whether this patient has an infectious disease or whether this has ever been tested. It can therefore be made no statement regarding infection and risk of infection.

Is the illness contagious?	Yes	☐	No	☐		
Suicidality?	Yes	☐	No	☒	n.a.	☐
Indication of hunger strike?	Yes	☐	No	☒	n.a.	☐

Nature and date of any recent and/or relevant surgery.

No information concerning surgery available based on the provided informations.

4. Current symptoms and severity

No information concerning symptoms available based on the provided informations.

5. Escort

a. Is the patient fit to travel unaccompanied?	Yes	☐	No	☒		
b. If no, who should escort the patient?	Doctor	☐	Nurse	☐	Other	☒

6. Mobility

a. Is the patient able to walk without assistance?	Yes	☐	No	☒

b. Wheelchair required for boarding.					
WCHR	☐	WCHS	☐	WCHC	☐

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Justice and Police FDJP
State Secretariat for Migration
Return Division

MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight

8. Current medication

9. Reserve medication

10.Other medical information

If the person has a fever, cough, breathing difficulties, the person must be tested for SARS-CoV 2 48 hours before returning.

The SEM has not provided accurate access to the medical information as required for medical assessments. The SEM also does not provide any information on current (<4 weeks) vital signs, medical status, physical performance.

11.Special Assistance Form SAF

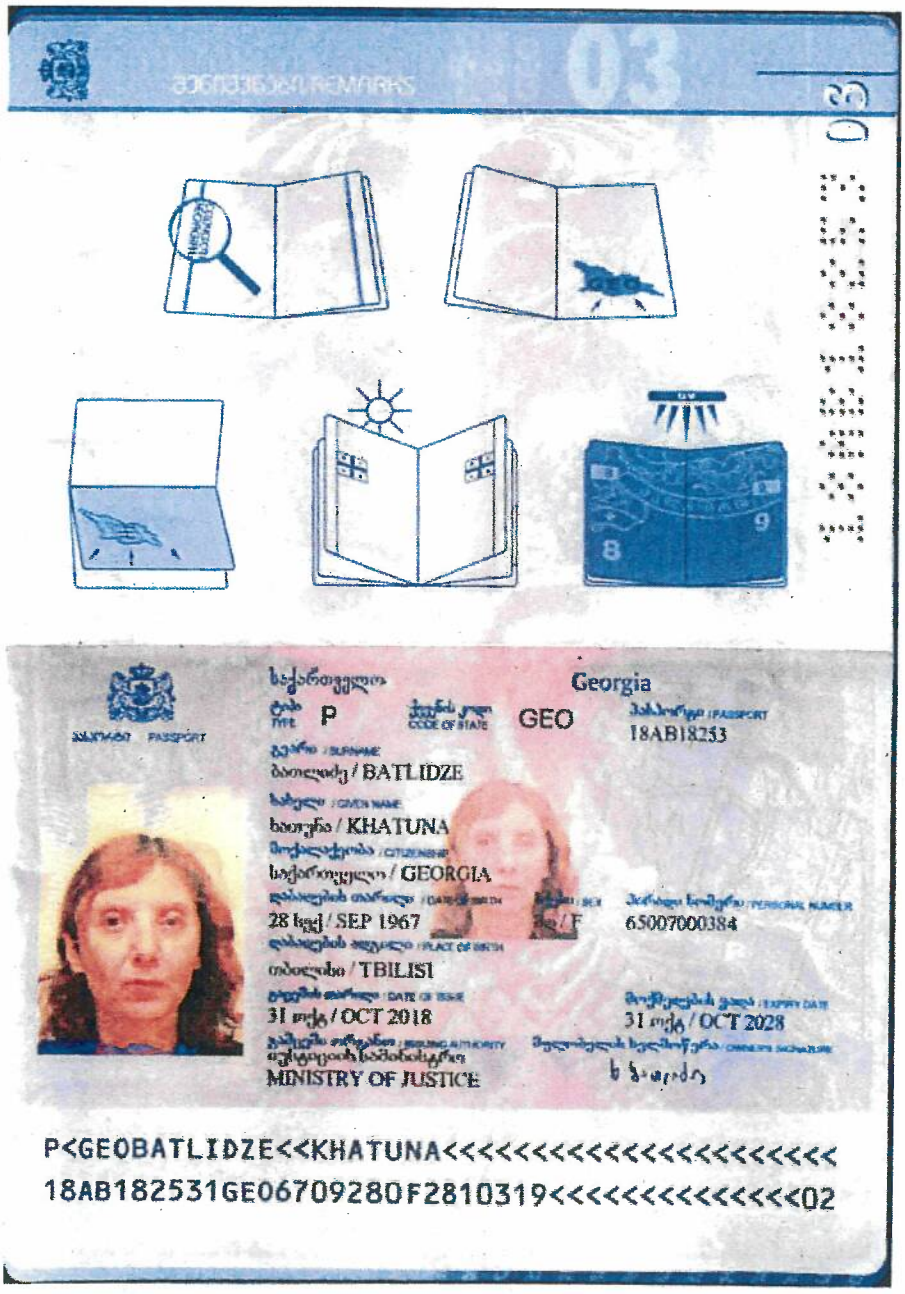
A. Ambulance from airport:	Yes ☐	No ☒
B. Assistance required upon arrival:	Yes ☐	No ☒
C. Other grounds support required:	Yes ☐	No ☒

D. Specific needs/support/equipment (incl. own equipment) required upon arrival:

Yes ☐ No ☒

If yes, please give further information:
➔

Medical expert signature and stamp	ONK, MD GLN 7601007786992 TRUFFER-RICHARD, MD GLN 7601000263483	Place and date	ZRH, 200522



საქართველო
PASSPORT

Georgia

ტიპი / Type P

სახელმწიფოს კოდი / CODE OF STATE GEO

პასპორტი / PASSPORT
18AB18253

გვარი / SURNAME
ბათლიძე / BATLIDZE

სახელი / GIVEN NAME
ხათუნა / KHATUNA

მოქალაქეობა / CITIZENSHIP
საქართველო / GEORGIA

დაბადების თარიღი / DATE OF BIRTH
28 სექ / SEP 1967

სქესი / SEX
ქ / F

პირადი ნომერი / PERSONAL NUMBER
65007000384

დაბადების ადგილი / PLACE OF BIRTH
თბილისი / TBILISI

გაცემის თარიღი / DATE OF ISSUE
31 ოქტ / OCT 2018

ვადის გასვლის თარიღი / EXPIRY DATE
31 ოქტ / OCT 2028

გამცემი ორგანო / ISSUING AUTHORITY
იუსტიციის სამინისტრო
MINISTRY OF JUSTICE

მფლობელის ხელმოწერა / OWNER'S SIGNATURE

P<GEOBATLIDZE<<KHATUNA<<<<<<<<<<<<<<<<<<<<<<<<
18AB182531GE06709280F2810319<<<<<<<<<<<<<<02

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Justice and Police FDJP
State Secretariat for Migration
Return Division

MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)		
BATLIDZE Khatuna		
Number	Date of Birth	Gender
721 732	28SEP67	female

2. Medical expert (First name / Name)	
Gabriela Stöckli, Julia Wagner	
Address/E-Mail	Phone contact number (+prefix) preferably mobile phone
oseara@hin.ch	+41 44 803 95 70

3. Diagnosis in details
(including date of onset of current illness, episode or accident and treatment)

Documents submitted by SwissRepat 200429 15.09: 112 pages.
Bilateral: pseudophakia with capsular fibrosis, hodgkin's lymphoma in remission, substituted hypothyroidism after left hemothyroidectomy reactive depressive syndrome.

Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton: -

The SEM has not submitted any documents regarding a clarification or diagnosis of an infectious disease. No statement can therefore be made in this regard.

Is the illness contagious?	Yes	☐	No	☐		
Suicidality?	Yes	☐	No	☐	n.a.	☒
Indication of hunger strike?	Yes	☐	No	☐	n.a.	☒

Nature and date of any recent and/or relevant surgery.

Phacoemuslification years ago, hemithyroidectomy years ago

4. Current symptoms and severity

Deterioration of vision, depressed mood, insomnia,

5. Escort

a. Is the patient fit to travel unaccompanied?	Yes	☒	No	☐		
b. If no, who should escort the patient?	Doctor	☐	Nurse	☐	Other	☐

6. Mobility

a. Is the patient able to walk	Yes	☒	No	☐

without assistance?					
b. Wheelchair required for boarding.					
WCHR	☐	WCHS	☐	WCHC	☐

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Return Division

MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight

8. Current medication

Escitalopram, Lorazepam, Levothyroxine sodium

9. Reserve medication

Paracetamol

10.Other medical information

If the person has a fever, cough, breathing difficulties, the person must be tested for SARS-CoV 2 48 hours before returning.

The SEM has not provided accurate access to the medical information as required for medical assessments. The SEM also does not provide any information on current vital signs, medical status, physical performance or the person's health literacy for a competent decision on return.

11.Special Assistance Form SAF

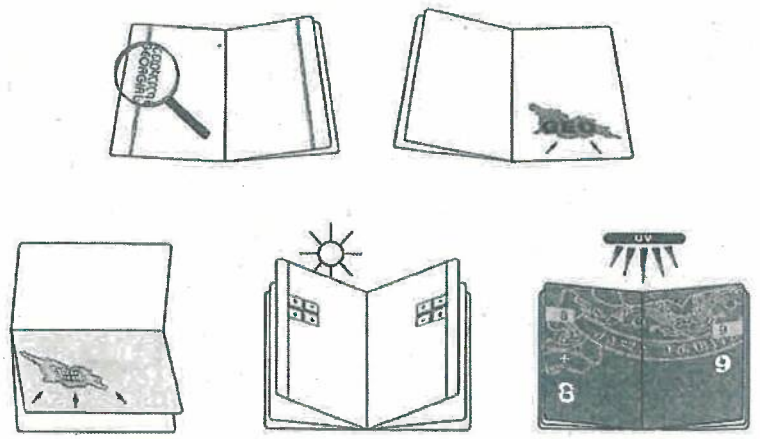
A. Ambulance from airport:	Yes ☐	No ☒
B. Assistance required upon arrival:	Yes ☐	No ☒
C. Other grounds support required:	Yes ☐	No ☒

D. Specific needs/support/equipment (incl. own equipment) required upon arrival:

Yes ☐ No ☒

If yes, please give further information:
→

Medical expert signature and stamp	STOECKLI, MD GLN 7601000527646 WAGNER, MD PhD GLN 7601003357554	Place and date	ZRH, 200501



პასპორტი PASSPORT

საქართველო Georgia

ტიპი TYPE P

ქვეყნის კოდი CODE OF STATE GEO

პასპორტი / PASSPORT 18AB61666

გვარი / SURNAME
მშვილდიშვილი / MTCHEDLISHVILI

სახელი / GIVEN NAME
გიორგი / GIORGI

მოქალაქეობა / CITIZENSHIP
საქართველო / GEORGIA

დაბადების თარიღი / DATE OF BIRTH
06 მაი / MAY 1988

სქესი / SEX
მ / M

პირადი ნომერი / PERSONAL NUMBER
01001067363

დაბადების ადგილი / PLACE OF BIRTH
დუშეთი / DUSHETI

გაცემის თარიღი / DATE OF ISSUE
21 დეკ / DEC 2018

მოქმედების ვადა / EXPIRY DATE
21 დეკ / DEC 2028

გამცემი ორგანო / ISSUING AUTHORITY
იუსტიციის სამინისტრო
MINISTRY OF JUSTICE

მფლობელის ხელმოწერა / OWNER'S SIGNATURE

P<GEOMTCHEDLISHVILI<<GIORGI<<<<<<<<<<<<<<<<<<<<
18AB616663GE08805061M2812210<<<<<<<<<<<<<<<06