GENERAL DECLARATION AGRICULTURE, CUSTOMS, IMMIGRATION & PUBLIC HEALTH

	INBOUND /	OUTROUND	
Owner or Operator		Date:	
Nationality and Registration		Route of Flight	
Departure from		Arrival at	
Crew Name	Passport number	DOB	Nationality
Passenger Name	Passport number	DOB	Nationality
Declaration of Health			For official use only
Persons on board known to be suffering from ilness other than ai	rsickness		
effects of accidents, as well as those cases of illness disemarked			
None			
Notice			
And other condition on board which was dead to the course			
Any other condition on board which may lead to the spread	ordisease		
None			
Detail of each disinsecting or sanitary treatment (Place, Date, Time, If no disinsecting has been carried out during the flight give details of			
None	n most recent dishisecting.	Signature Authorized Age	ent or Pilot-in-Command
Signed, if required			

I declare that all statements and particulars contained in this General Declaration, and in any supplementary

forms required to be presented with this General Declaration are complete, exact and true to the best of myknowledge and that allthrough passengers will continue/have continued on the flight

(Crew Member Concerned)