

**GENERAL DECLARATION
AGRICULTURE, CUSTOMS, IMMIGRATION & PUBLIC HEALTH**

INBOUND / OUTBOUND

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

<p>Declaration of Health</p> <p>Persons on board known to be suffering from illness other than airsickness effects of accidents, as well as those cases of illness disarmed during the flight.</p> <p>None</p> <p>Any other condition on board which may lead to the spread of disease</p> <p>None</p> <p>Detail of each disinsecting or sanitary treatment (Place, Date, Time, Method) during the flight If no disinsecting has been carried out during the flight give details of most recent disinsecting:</p> <p>None</p>	<p align="center">For official use only</p> <hr/> <p align="center">Signature Authorized Agent or Pilot-in-Command</p>
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Signed, if required _____
(Crew Member Concerned)

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 my knowledge and that all through passengers will continue/have continued on the flight