APPENDIX 1. GENERAL DECLARATION

		RAL DECLARAT (Outward/Inward)	ION		
Operator					
Marks of Nationality and Registration		Flight No		Date	
Departure from	(Place)	Arrival at		(Place)	
	FL ("Place" Column always to	IGHT ROUTING list origin, every en-rou	ite stop and	l destination)	
PLACE NAMES OF		REW*	V* NUMBER OF PASSENGERS ON THIS STAGE**		
				Departure Place: Embarking	
Details of each disinsecting	no may be suffering from a correcter — associated with on obviously unwell; persisten nt vomiting; skin rash; bruisit onset, increases the likelihoell as such cases of illness dis	ommunicable disease (a e or more of the follow t coughing; impaired by ng or bleeding without ood that the person is st embarked during a preva-	rifever— ring signs preathing; riprevious uffering a rious stop uring the		
flight. If no disinsecting has disinsecting	been carried out during the f	light, give details of me	ost recent		
Signed, if required, with ti	me and dateC	rew member concerned			
I declare that all statement presented with this General De continue/have continued on the	eclaration, are complete, exac	n this General Declara ct and true to the best of	tion, and ir	n any supplementary forms required to be cledge and that all through passengers wi	
		SIGNATURE	Au	nthorized Agent or Pilot-in-command	
ize of document to be 210 mm × * To be completed when required * Not to be completed when pass	l by the State.		only where	required by the State	
Not to be completed when pass		mm (or 8 1/4 inches)	-	equired by the State.	

<u>-----</u>