INVOICE # _____

ODYSSEY
AVIATION

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BAHAMAS CUSTOMS DEPARTMENT
AIRCRAFT GENERAL DECLARATION
(OUTWARD / INWARD)

Owner or Operator _____

Marks of Nationality and Registration _____ ***Flight No.*** _____ ***Date*** _____

Depart From _____ ***Arrival at*** _____
(Place) ***(Place)***

CREW NAME	PASSPORT NO.	DOB	NATIONALITY	NUMBER OF PASSENGERS ON THIS STAGE
				Departure Place:
				Embarking _____
				Through on same flight
				Arrival Place:
				Disembarking _____
				Through on same flight

PASSENGER NAME	PASSPORT NO.	DOB	NATIONALITY

DECLARATION OF HEALTH: Persons on board known to be suffering from illness other than airsickness or the effects of accidents, as well as those cases of illness disembarked during the flight.		**FOR OFFICIAL USE ONLY**
Any other conditions on board which may lead to the spread of disease.		
Details of each disinfecting or sanitary treatment (place, date, time, method) during the flight. If no disinfecting has been carried out during the flight, give details of most recent disinfecting.		

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.

SIGNATURE _____
Authorized Agent or Pilot-in-Command