

Attachment 2

Notice of Deportation of Unescorted Deportee

Date of Form Completion: / /

| | | | | | |
|--|-------------------|---|----------|-------------------|--|
| Expected Flight Itinerary: | | | | | |
| Operator | | | | | |
| Origin & Destination (including Transit & Transfer) | | | | | |
| Flight No. | | | | | |
| Date of Departure | | | | | |
| Time of Departure | | | | | |
| Cause of Transport: <input type="checkbox"/> Deportation <input type="checkbox"/> Rejection of Entry, No. of Passengers | | | | | |
| Deportee | Chinese Name | | Deportee | Chinese Name | |
| | English Name | | | English Name | |
| | Nationality | | | Nationality | |
| | ID (Passport) No. | | | ID (Passport) No. | |
| | Date of Birth | | | Date of Birth | |
| | Gender | | | Gender | |
| Passenger's Willingness to Board | | <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary | | | |
| Risk Assessment | | <input type="checkbox"/> No Risk <input type="checkbox"/> Low Risk <input type="checkbox"/> High Risk | | | |
| Cause of rejection of entry or deportation | | | | | |
| Description of passenger's mental and physical condition (if known) | | 1 Any prior record of abscondence? <input type="checkbox"/> Yes <input type="checkbox"/> No 2 Any tendency toward violence? <input type="checkbox"/> Yes <input type="checkbox"/> No 3 Any psychotic disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Special conditions and precautionary measures during flight | | | | | |
| Relevant procedures for airports of transit, transfer and destination | | 1 Is the transit or transfer procedure completed? <input type="checkbox"/> Yes <input type="checkbox"/> No 2 Is custody or guarded protection required during transit or transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No 3 Is entry into the airport of destination approved? <input type="checkbox"/> Yes <input type="checkbox"/> No 4 Is passenger allowed to leave freely upon arrival at the airport of destination? <input type="checkbox"/> Yes <input type="checkbox"/> No 5 The unit and person that should take custody of passenger upon arrival at the airport of destination: Unit: Person: | | | |
| Notes (e.g., other assistance that may be required of the Operator): | | | | | |
| Contact Person of the Departing Authority | | Signature of the Departing Authority (Supervisor): | | | |
| Unit | | | | | |
| Position | | | | | |
| 24-Hour Contact Telephone Number | | | | | |

Note 1: Please deliver this Form to the Operator 24 hours prior to the departure of the flight.

Note 2: Additional page(s) may be used, if necessary.