

## 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.