

Attachment 1

Notice of Transfer of The Person Under Escort

Date of Form Completion : / /

Expected Flight Itinerary:		Person Under Escort	Chinese Name		
Operator			English Name		
Origin & Destination (including Transit & Transfer)			Nationality		
Flight No.			ID (Passport) No.		
Date of Departure			Date of Birth		
Time of Departure			Gender		
Cause of Transport:					
<input type="checkbox"/> Deportation <input type="checkbox"/> Rejection of Entry <input type="checkbox"/> Prisoner, No. of The Person Under Escort ____, No. of The Escorting Officer ____					
Escorting Officer	Chinese Name		Escorting Officer	Chinese Name	
	English Name			English Name	
	Nationality			Nationality	
	ID (Passport) No.			ID (Passport) No.	
	Date of Birth			Date of Birth	
	Gender			Gender	
<input type="checkbox"/> Carriage of Weapons: No. of Armed Escorting officer __; Type & Quantity of Weapons: (Any weapons should be checked pursuant to the custody requirements for guns and ammunitions under Point 15 of the Rules of Screening for Civil Aerodromes in Taiwan)					
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, or type of offense					
Description of passenger's mental and physical condition (if known)					
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			
Notes (e.g., other assistance that may be required of the Operator):					
Applicant's Contact Person				Signature of Applicant (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.