



APPLICATION FOR  
AN INBOUND CARRYING BY TRAVELLER UNDER TREATMENT OF  
MEDICAL PREPARATIONS CONTAINING SUBSTANCES UNDER CONTROL OF  
THE SINGLE CONVENTION ON NARCOTIC DRUGS, 1961.

Part A – Your details

Please complete using BLOCK LETTERS

1 Your full name – as in your passport

Family name [ ]  
Given names [ ]  
[ ]

2 Name in your own script or character – if applicable

[ ]

3 Nationality – as shown in your passport

[ ]

4 Details from your passport

Passport number [ ]  
Country of Passport [ ]  
Date of issue [ ] DAY [ ] MONTH [ ] YEAR  
Date of expiry [ ] DAY [ ] MONTH [ ] YEAR  
Issuing authority/ Place of issue as shown in your passport [ ]  
[ ]  
[ ]

5 Sex Male  Female

Date of birth [ ] DAY [ ] MONTH [ ] YEAR

7 Place of birth

Town/city [ ]  
Country [ ]

8 Country where you live

[ ]

9 Your current residential address – where you can be contacted  
Note : A post office box address is not acceptable as a residential address. Failure to give a residential address will result in your application being invalid.

[ ]  
[ ]  
[ ] POSTAL CODE

10 Address for correspondence  
(If the same as your residential address, write 'AS ABOVE'.)

[ ]  
[ ]  
[ ] POSTAL CODE

11 Your telephone numbers – where you can be contacted

Office hours COUNTRY CODE AREA CODE NUMBER  
( ) ( )  
After hours COUNTRY CODE AREA CODE NUMBER  
( ) ( )

12 Do you agree to the department communicating with you by fax, e-mail, or other electronic means?

NO   
Yes  Give details

Fax number COUNTRY CODE AREA CODE NUMBER  
( ) ( )  
E-mail address [ ]

13 Briefly describe the medical treatment you have received in your home country. If insufficient space, attach an additional statement.

[ ]  
[ ]  
[ ]

