

Customs Clearance Form

Serial No : CC/ / 24
ImmD Ref : APS/SE/ / 24
AS/DOB/ / 24
DO/AH (Tel: 2182 1084 Fax: 2261 2901)

To: **Duty SI / I of Air Passenger Division**

Part I - Passenger Information

Name of Passenger: AISA, TIYAS NURUL Gender: F DOB: 16-01-1984

Nationality: IDN Travel Document No.: C8325950 Issue Date: 19-05-2022

Flight Details (in chronological order):

Flight 1: TG901 Port 1: IST - BKK Flight 4: Port 4:

Flight 2: TG628 Port 2: BKK - HKG Flight 5: Port 5:

Flight 3: Port 3: Flight 6: Port 6:

Hand-carry: 2 pc(s) Checked-in Baggage: 2 pc(s)

Baggage Tag(s) No. : 0 217 508048 & 0 217 508047

☒ Single traveler ☐ Group: Name of companion(s): NIL

IO(A) SDT6 LY LAM Date: 21-11-2024

Part II - Customs Action

To: **DO(A)Arr/N** Airport Division (Tel: 2183 1281 Fax: 2754 7876)

Please be informed that:

☐ Customs search/ examination in person is not required.

☐ Customs search/ examination in person is required at Customs Hall A / B at _____ hours.

Record checked by: _____

Endorsed by SI / I by: _____ Date: _____

Part III - Airside to Landside

Escorted by SIA / IA : _____ Time: _____ Signature: _____

Authorized by DO(A) : _____ Signature: _____

Part IV - Customs Clearance

No. of Baggage Cleared: _____ pc(s) Personal Search: Yes / No

Cleared by: _____ Time: _____ hours at Customs Hall A / B

Part V - Landside to Airside

Received by DO(A) / ADO: _____ Time: _____ Signature: _____

Part VI - Remarks (if any)

Customs Hall IN: _____ Time: _____ hours

Customs Check START: _____ Time: _____ hours

Customs Check END: _____ Time: _____ hours

Customs Hall OUT: _____ Time: _____ hours