

NOTIFICATION OF DRUG AND FOOD ADMINISTRATION
THROUGH PASSENGER LUGGAGE FOR PERSONAL PURPOSE FORM

Full Name :
Place and Date of Birth :
Address :
Identity number (IC/Passport) :
Name/Number of Flight :
Arrival Date :
User Name and Address :

Description of goods

No.	Name of goods	Amount	Doctor prescription/Hospital Recommendation*	Information

* Especially for Drugs

Terms and conditions :

- 1. Products with such names and quantities shall be used only for personal use and shall not be allowed to be marketed or traded.
- 2. Customs and Excise shall not be liable for any risks arising from the use of the above products.
- 3. In the event of a violation, it will be subject to sanctions in accordance with the rules and regulations.

Signature,

Official,

(Name:.....)

(.....)