**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:………………………………) (………………………………………)