

COMPLETE SECTIONS A, B, & C OF THIS CARD Admission #
PLEASE PRINT USING BLACK OR BLUE INK

ARRIVAL RECORD (A)

1. Flight # / Vessel Name e.g. (AB1234)		2. Boarded At	
3. Last Name			
4. First Name		5. Middle Name	
6. Date of Birth		7. Country of Birth	
D D - M M - Y Y			
8. Sex M <input type="checkbox"/> F <input type="checkbox"/>		9. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	
10. Occupation			
11. Passport #		11a. Date of Issue	
		D D - M M - Y Y	
12. Country of Issue			
13. Home Address (Street Address/Apt#)			
14. City/Town		14a. State/Province	
15. Zip/Postal Code		16. Country	
17. Countries visited during last six weeks			
18. Intended Address in Jamaica (Hotel/Street Address/Apt#)			
19. City/Town/Parish			
20. Length of stay <input type="checkbox"/> abroad (resident), in Jamaica <input type="checkbox"/> visitor			
21. Purpose of Visit [Visitors only]		22. Accommodation	
<input type="checkbox"/> Vacation		<input type="checkbox"/> Hotel	
<input type="checkbox"/> Business		<input type="checkbox"/> Guesthouse	
<input type="checkbox"/> Visiting Friends/Relatives		<input type="checkbox"/> Private Home	
<input type="checkbox"/> Honeymoon/Wedding		<input type="checkbox"/> Other(Specify)	
<input type="checkbox"/> Other(Specify)		<input type="checkbox"/> Apt/Villa	
<input type="checkbox"/> Study		<input type="checkbox"/> Diva/Eco Lodge	
<input type="checkbox"/> Meeting		<input type="checkbox"/> Bed & Breakfast	
<input type="checkbox"/> Convention			
<input type="checkbox"/> Sport			

Signature _____ Date: _____

FOR OFFICIAL USE ONLY

B	CUL	DIP	E	H	NE	PR	RR	RRV	S	T	UL	UN	V
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Departure #

Please retain **Departure Record** for presentation upon departure.

DEPARTURE RECORD (B)

1. Flight # / Vessel Name		2. Port of Final Destination	
3. Last Name			
4. First Name		5. Middle Name	
6. Date of Birth		7. Sex	
D D - M M - Y Y		M <input type="checkbox"/> F <input type="checkbox"/>	
8. Passport #		10. Country of Birth	
9. Nationality			
Signature		Date	

B	CUL	DIP	E	H	NE	PR	RR	RRV	S	T	UL	UN	V
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PLEASE TURN OVER FOR SECTION C

**THE CUSTOMS ACT (FORM C5)
CUSTOMS DECLARATION (C)**

Every passenger, or head of the family travelling together with children under the age of 18, is required to complete **Section C**

1. Spouse, and children under age 18 accompanying you:

Name	DD / MM / YY	Relation

2. Number of pieces of luggage
 Accompanied **(2A)**
 (Checked luggage and hand luggage)
 Unaccompanied **(2B)**
 (Luggage sent by air or sea freight)

3. I am (We are) bringing: Yes No
- (a) fruits, plants, cut flowers, vegetables, soil, meat, live animals
 and organisms, honey, wildlife products, plant material, food,
 animal products or live birds
- (b) pharmaceuticals, chemicals, narcotics and other illicit drugs
 biological substances
- (c) arms, ammunitions, explosives, fireworks, toy guns
 or other weapons
4. I am (We are) carrying currency or monetary
 instruments over (US\$10,000) or equivalent
5. **Resident** (holder of a jamaican passport or anyone ordinarily resident in Ja.)
 I (We) have goods exceeding the value of my (our) personal duty-free allowance
6. **Visitor** I (We) have gifts or articles for resale

Duty Free Allowance
All residents 18 yrs and over are entitled to US\$500 duty free allowance per trip on items not for resale or in commercial quantities.

In addition, passengers and crew members are entitled to import free of duty: 200 sticks of Cigarettes, or 50 sticks of Cigars, or 230g of Tobacco; 1 litre of Spirits; 1 litre of Wine; 170 ml of Perfumed Spirits, and 340 ml of Toilet Water.

If you have checked **2A** only and checked **NO** to 3, 4, and 5 or 6, please use the **GREEN LINE**.

If you have checked **YES** in any of the boxes above, please use the **RED LINE**.

If you have checked **2B**, please use the **RED LINE**.

If you are in doubt, declare all your goods to the Customs Officer

*Value should be the price paid or payable in the country of purchase

Description of Articles	Value (\$) in Currency*	For Customs Use only

I declare that the information given is true and correct. I understand that the failure to make a full declaration is an offence and may result in fines, forfeiture of the goods and/or imprisonment. I also understand that I have the right to appeal.

Signature X

Date:

FOR OFFICIAL USE ONLY

Signature of Examining Officer

ID#

Form C5 may be appended to any immigration form made pursuant to the Alien Forms) Regulation 1946 or the Immigration Restriction (Commonwealth Citizens) Regulations 1945.