



No. 24350

LYNDEN PINDLING INTERNATIONAL AIRPORT

ARRIVAL REPORT NO. _____

ARRIVAL REPORT

AIRCRAFT REGISTRATION No. _____ Maximum Take Off Weight (Gross) _____

TYPE OF AIRCRAFT _____

TYPE OF FLIGHT (please indicate by marking the appropriate below)

- (1) Schedule Flight
- (2) Charter Flight
- (3) Business Flight
- (4) Recreational Flight
- (5) Training within 20 miles
- (6) Test Flight within 10 miles

Arrival Date: _____ Time: _____ From: _____

Owner Name: _____

Address (in full please): _____

Captain: _____ Co-Pilot: _____

Total Number of Persons on Board: _____

Note: this area to be completed on departure only
 Departure Date: _____ Time: _____ To: _____

Pilot's Signature: _____

Nassau Address: _____

Note: In accordance with the subsidiary legislation of The Bahamas it is mandatory that the pilot of the particular aircraft in question file this arrival report.

Failure to do this, the pilot shall be liable on summary convictions to a penalty.

Landing Fee, Schedule 1 (II): _____

Collected, or \$ _____

Charged \$ _____

Parking Fees \$ _____

Receipt No. _____

Flight Plan No. _____

Collector's Signature: _____

Welcome to The Islands of The Bahamas

Government of The Bahamas - Immigration Arrival Card

For Government use. The personal information provided here will not be disclosed to any other party.

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1. Print in **UPPERCASE** within the boxes using **BLACK** or **BLUE** ink only. **DO NOT PRINT OUTSIDE THE BOX.**

2. **Visitors:** Complete sections 1 and 2 on front of card and sign.

3. **Bahamian Citizens & Residents:** Complete only section 1 and sign.



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Section 1

Surname/Family Name

First Name **Middle Initial** **Sex**
 Male Female

Country of Birth Bahamas U.S. Canada U.K. **Other Country of Birth**

Country of Citizenship Bahamas U.S. Canada U.K. **Other Country of Citizenship**

Passport Number **Date of Birth (Mo./Day/Yr.)**
 M M D D Y Y

HOME ADDRESS (Where you live now)
Street (House) Number/Street Address

Apt./Unit Number **City**

State/Province **Zip/Postal Code**

Country of Residence Bahamas U.S. Canada U.K. **Other Country of Residence**

Email Address (e.g. NAME@DOMAIN.COM)

Arriving by: Airline Discovery Cruises/
 Ferry/Other Ship Yacht/Private Boat Private Plane

Airline: Air Canada American Airlines AirTran **Flight Number (e.g. 1234)**
 Bahamasair British Airways Comair
 Continental Delta Air Lines Other
 US Airways Air Jamaica Airline:

Date of Arrival (Mo./Day/Yr.) **City where you boarded this plane/boat**
 M M D D Y Y

Below Completed by Visitors Only

Section 2

Travel Agency Name/Online Booking Agency Name (e.g. WWW.BAHAMAS.COM)

City of Travel Agency

Intended Stay (Nights) **Type of Accommodation (Check all that apply):**
 Hotel Rented Apt./Villa Own Property
 Time Share Friends/Relatives Private Boat Other

Hotel Name or Intended Address

Trip Purpose: Wedding Honeymoon Vacation Casino Business Other

Number of visits in the last 5 years including this visit: First Visit 2-4 5+

Signature: _____

Check here if you do not wish to receive information on The Islands of The Bahamas.

OFFICIAL USE ONLY

IMMIGRATION OFFICER'S STAMP

Port of Entry
 NAS GBI ABA EXU Other
 BIM AND ELH SAL

Permitted Stay (Days) **Category**
 221 220 212 201
 Other Category:

Comments: _____
