

1 AUG. 2013 14:00

REF:13

NO 0340

ANNEX 1

REPLY TO THE TRANSIT APPLICATION

(Designation and address of the competent authority of the requested Party)

Telephone: _____
Fax: _____
File number: _____
Date: _____

Subject: Your transit application as of _____ 20____

Ref., your file number: _____
Transit operation is

- authorised
- refused for the following reasons:

Takeover by the official escort can take place at the border crossing point/Airport _____
by _____ (number of escorts or medical escorting personnel), on _____ at _____
hrs.

SEAL/ STAMP

.....
(Signature of the officer of the competent authority of the requested Party)

Medical escort NEEDED NOT NEEDED

If needed, number of escorts: _____

Remarks: _____

SEAL/ STAMP

.....
(Signature of the officer of the competent authority of the requested Party)