DEPARTMENT OF IMMIGRATION

TRUSTED TRAVELLER PROGRAMME

1. Full Name: _____
2. Date of Birth: _____ Gender: M ____ F ____
3. Nationality: _____
4. Passport Number: _____ Expiry Date:_____
5. Purpose of Travel: _____
6. Job Title: _____
7. Place of Employment: _____
8. Commencement Date: _____ Departure Date: _____
9. UID Number (if applicable): _____

FOR OFFICIAL USE ONLY

10. Previous Application Number: _____
11. Date Received: _____
12. Application Status: _____
13. Decision: Approved ____ Refused ____
14. Authorized by: _____

NOTE: Approval under the Trusted Traveller Programme permits entry for a maximum of fourteen (**14**) days. Any false, inaccurate, or misleading information submitted may result in immediate CANCELLATION.