

U.S. Department of State

OMB APPROVAL - NO.1405-0211 EXPIRATION DATE: xx-xx-xxxx ESTIMATED BURDEN: 20 Minutes

EVACUEE MANIFEST AND PROMISSORY NOTE

PART 1 - EVACUATIO	N APPLIC	CATION TO I	BE COM	PLETED BY EACH	ADULT APPL	ICA	NT REGAF	RDLESS OF	NATIONALI	ITY	
1. Last Name (Print Clearly)			2. First Name			3. Middle Name					
Social Security Number	or I	5 Date of B	irth	6. Place of Birth		7 10	Hontity Door	umont			8. Sex
4. Social Security Numb	Social Security Number 5. Date of Birth (DD-MMM-YYYY) 6. Pla			o. Place of Billin	l _E			7. Identity Document Issuing Country			
						=		ıy			
							ssport No.				Female
						OR	National ID	No.			
9. Current lodging wher	e you ma	y be contacte	ed now								
10. Phone number whe	re vou ma	av he contact	ed now		11. Email ad	drass	s where vo	u may he cor	ntacted now		
10. I Hone number whe	ic you ille	be contact	cariow		i i . Liliali ad	uics	3 WHOIC YO	a may be con	nacica now		
12. Medical condition, c	urrent inju	uries, or limite	ed mobili	ty relevant to evacua	ation						
											_
13. Verifiable Billing A must complete. No	ddress a t applica	t Final Desti ble to U.S. C	ination ii Bovernm	n United States or o ent employees on o	other Perman official assigr	ent / nmer	Address (<i>l</i> nt and/or E	Not a Post O Iligible Fami	ffice Box) (Iv Members	Third Pa	arty Contractors
14. Address Line 1				, ,	<u> </u>			J	,	,	
15. Address Line 2											
16. City			17 Sta	State/Province			18. Country				
10. Oily			''' 0.0			10. Country					
19. Postal Code		20 Telenho	ne Num	ber (Include Country	v/City Codes)	21	l . Email Add	lress			
10.1 00.01 00.00		Zo. Tolopik	one rain	ber (morade country	y only codes		. Email Mad				
22 5 2 4	. (5										
22. Emergency Conta		ot list some	one trav	eling with you)	O4 First Name						
23. Last Name (Print C	learly)				24. First Nam	ne					
OF Address Line 4											
25. Address Line 1											
26. Address Line 2											
27. City 28. Sta				ate/Province 29. Country				ry			
30. Postal Code		31. Telepho	one Num	ber (Include Country	//City Codes)	32.	. Email Add	lress			
33. Relationship to you		•									
34. Accompanying Mi	nor Chile	dren or Inca	pacitate	d/Incompetent Adu	lts Only. list b	pelov	w. 🗆 C	heck here if	none		
35. Last Name (Print C		'		36. First Name				Name			
,	• /										
38. Social Security	39. Dat	e of Birth	40. Plac	e of Birth	41. Identity Do	ocum	nent		42. Sex	43. 1	his Person is My:
Number	(DD-MN	1M-YYYY)			Issuing Coun						,
					Passport No.				Male Male		
					OR National I		2		Femal	le	
AA Last Name (Dist Class)				OR INALIONALI	ID INC	J.					
44. Last Name (Print Co	early)			45. First Name				46. Middle I	Name		
47. Social Security	10.5	a of Dist	40 P'	a of Dimit	FO Ideal's F				[54		This Day 1 22
47. Social Security 48. Date of Bir Number (DD-MMM-YY)			49. Plac	e of Birth	50. Identity Document Issuing Country			51. Sex	52. 7	his Person is My:	
					-		Male				
				Passport No.					Fema	امار	
					or National I	ID No	0.				

		Identity Document Number from Line 7								
53. Last Name (Print Clearly)			54. First Name	55. Middle			Name			
56. Social Security	57. Date of Birth	58. Pla	ce of Birth	59. Identity Document	·	60.	Sex	61. This Person is My:		
Number	(DD-MMM-YYYY)			Issuing Country			Male			
				Passport No.						
				OR National ID No.			Female			
62. Last Name (Print C	Clearly)		63. First Name		64. Middle N	Name				
05. 0 1 0 1	Table (Dist	1	(5)	Tague es a		100				
65. Social Security Number	66. Date of Birth (DD-MMM-YYYY)	67. Pla	ce of Birth	68. Identity Document Issuing Country		69. 3	Sex	70. This Person is My:		
	,			Passport No.		М				
				OR National ID No.			Female			
71. Last Name (Print C	learly)		70 First Name	OR NATIONAL ID NO.		<u> </u>				
71. Last Name (Filmt C	леапу)		72. First Name	73. Middle)			
74. Social Security	75. Date of Birth	76. Plac	Le of Birth	77. Identity Document		78. \$	Sex	79. This Person is My:		
Number	(DD-MMM-YYYY)			Issuing Country			Male			
				Passport No.		il I	iviale			
				OR National ID No.			Female			
80. Last Name (Print C	Clearly)		81. First Name	82. Middle I		lame				
				o.						
83. Social Security	84. Date of Birth	85. Plac	e of Birth	86. Identity Document	'	87. 8	Sex	88. This Person is My:		
Number	(DD-MMM-YYYY)			Issuing Country			Male			
				Passport No.						
				OR National ID No.		Female				
	ory Note and Repayr loyees on official ass			EVACUEES, including Thi	rd Party Conti	ractor	s. Not A	pplicable to U.S.		
				at my own risk to a location chos	en by the U.S. G	overnn	nent. The	mode of transportation may		
be via charter or r	military transport. I also u	understand	that the evacuation fli	ight may not comply with normal i agent and not as a contract carrie	nternational safe					
				e foreign currency equivalent, wit		tial hilli	ing and if	not repaid within 60 days of		
initial billing at an	interest rate established	in accorda	nce with Federal law,	for all applicable expenses for my epartment of State's Accounts Re	/our evacuation.	This e	evacuation	loan is in addition to any		
loan in full. If I am	n unable to pay this loan	in full, the [•	nay, at its discretion and upon my			,	()		
·	n for repayment of my loa	an.								
I understand that:										
				amount of a full-fare economy flig rior to the events giving rise to the		altern	ate transp	ortation, to the		
				clears through the account of the pers will only be eligible for a limite						
				not be eligible for a limited validity payment as directed by law and		•				
	to pay any costs for colle		g	, , , , , , , , , , , , , , , , , , , ,						
				nber with all correspondence, pay						
63197-9000. (Se	end questions by mail to:	Accounts	Receivable Branch, C	noney order payable to Accounts omptroller and Global Financial S	Services, Departm	nent of	State, PO	Box 150008, Charleston,		
Building 646-B, N	lorth Charleston, SC 294	05. To mak	ce inquiries by telepho	ccounts Receivable Branch, Com one: From the U.S. or Canada, ca						
To make inquiries by email, contact: FMPARD@state.gov.)										
5. Non U.S. Citizens: I understand that my government and the United States will determine the amount I owe and means of repayment. My government may seek reimbursement from me for the cost of my/our evacuation.										
90. Signature Block for Applicant (Not Applicable to U.S. Government employees on official assignment and/or Eligible Family Members. Third Party Contractors must complete.)										
I hereby accept the foregoing terms and conditions of repayment for myself and persons listed. I understand that refusal to sign does not relieve me										
of my debt if the personal 91. Full Name Printed	ons ustea used the t	ransport	•							
92. Signature				93. Date (DD-MMM-YYYY)						
- 3					JJ. Dail (DL)			

DS-5528 Page 2 of 3

Identity Document Number from Line 7							
PART 3 - CONSU	JLAR NOTES - For Official Use Only						
No Signature of Loan Recipient - Minor No Signature of Loan Recipient - Incapacitated/Incompet Loan Includes Temporary Subsistence Associated with E		dult Escort of the Primary Applicant (No Familial Relationship)					
primary applicant.	ountry National/Host Country National, accompanying spouse or pa	irtner, or escort					
Name of the U.S. Citizen	Date of Birth Place of Birth Social S	Security Number					
FOR OFFICIAL USE ONLY TO BE COMPLETED BY U.S. CONS	ISULAR OFFICER (Insert number of individuals for each category)						
Transport Type Third Cour		G Employee/EFM Official Assignment					
Evacuation from to _	on date (DD-MMM-YYYY)						
PART 4 - CONSULAR OF	FFICER SIGNATURE AND CERTIFICATION						
The undersigned consular officer approves the loan specified about the	ove and certifies the persons listed boarded the transport. Name of Post						
Typed or Printed Name of Consular Officer	Date (DD-MMM-YYYY)	Date (DD-MMM-YYYY)					
Title of Consular Officer	SEAL	SEAL					
94. AUTHORIZATION FOR RELEAS	SE OF INFORMATION UNDER THE PRIVACY ACT						
(Please place a check in the following boxes for the people to who	I consular missions, to release information abou <u>t m</u> e and per <u>son</u> s listed t	i, individual					
DDIVA	ACY ACT AND STATEMENT						
AUTHORITY: The information on this form is requested under the aut							
PURPOSE: The principal purpose of the information gathered is to provide an accurate list of U.S. citizens and non-U.S. citizens being evacuated from foreign countries in times of crisis. The information will also assist in collection of expenses incurred by the U.S. government for evacuations.							
The Social Security Number is requested to facilitate debt collection, and may be shared with other U.S. government agencies including the U.S. Department of Treasury, where appropriate, for debt collection purposes.							
ROUTINE USES: The information solicited on this form may be made available to other government agencies to assist the U.S. Department of State in processing emergency loan and evacuation documentation and related services and for law enforcement and administrative purposes, in accordance with the Department of State's System of Records Notice for Overseas Citizens Services Records (STATE-05) and the Prefatory Statement of Routine Uses published in the Federal Register.							
DISCLOSURE: Furnishing the requested information, including the Social Security Number, is voluntary, but failure to provide it may result in delays in reviewing the application or in an inability to provide the requested assistance.							
	REDUCTION ACT (PRA) STATEMENT						
sources, gathering the necessary documentation, providing the infor supply this information unless this collection displays a currently val	ed to average 20 minutes per response, including time required for searching ormation and/or documents required, and reviewing the final collection. You alid OMB control number. If you have comments on the accuracy of this burc CS/PMO. 10th Floor. SA-17. U.S. Department of State. Washington. DC 2003	do not have to den estimate					

DS-5528 Page 3 of 3