

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 | |) | | | |

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| 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 | | | | | |

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