IMMIGRATION INFORMATION

TO BE SENT TO : aeroport@sion.ch

Aéroport de Sion
1950 Sion
Tel +41 27 329 06 00
Fax +41 27 329 06 16
Email : aeroport@sion.ch

☐ **INBOUND**
☐ **OUTBOUND**

LSGS / SION

Date of flight :

UTC time :
HH :MM

☐ **Airplane, type :**
☐ **Helicopter, type :**

State of flight :
☐ **Commercial (N, S)**
☐ **Private (G)**
☐ **HOSPITAL (X)**
☐ **TRAINING (X)**

REGISTRATION :

FROM / TO ICAO COUNTRY

CREW / DETAILS

FONCTION	FIRST NAME	LAST NAME	DOB	ID NUMBER	NATIONALITY

PAX NUMBER :

FIRST NAME	LAST NAME	DOB	ID NUMBER	NATIONALITY