

## AFFIDAVIT FOR CUBA TRAVEL

In relation to the current restrictions on travel to Cuba imposed by the United States, I hereby solemnly declare that the purpose of my trip to Cuba is authorized under the general license category identified below, or under a specific license:\*

2. Official business of the U.S. governments, foreign governments, and certain intergovernmental organizations	☐ 1.	Family Visits Official business of the U.S.		8.	Support for the Cuban people	
□ 4. Professional research and professional meetings       □ 11. Exportation, importation, or information or information or information materials         □ 5. Educational activities or group people-to-people exchanges       □ 12. Certain authorized export transactions         □ 6. Religious activities       □ 13. Holder of a specific travel license for Cuba:         □ 7. Public performances, clinics, workshops, athletic and other competitions, and exhibitions       License Number:         Name:       Departure flight number/Date:         Return flight number/Date:       □ 13. Holder of a specific travel license for Cuba:         License Number:       □ 15. Exportation, importation or information or informa	☐ 2.	governments, foreign governments, and certain intergovernmental			Humanitarian Projects Activities of private foundations or research or	
group people-to-people exchanges		Professional research and		11.	transmission of information	
G. Religious activities   Iicense for Cuba:     7. Public performances, clinics, workshops, athletic and other competitions, and exhibitions     Name:     Departure flight number/Date:     Return flight number/Date:     City/Province/State/Country:	☐ 5.	group people-to-people			transactions	
workshops, athletic and other competitions, and exhibitions  Name:  Departure flight number/Date:  Return flight number/Date:  Home address:  City/Province/State/Country:	☐ 6.	J	Ш	13.		
Departure flight number/Date:  Return flight number/Date:  Home address:  City/Province/State/Country:	7.	workshops, athletic and other competitions, and				
Return flight number/Date:  Home address:  City/Province/State/Country:	Name:					
Home address:  City/Province/State/Country:	Departure flight number/Date:					
City/Province/State/Country:	Return flight number/Date:					
-	Home address:					
Signature:	City/Province/State/Country:					

\*Each U.S. citizen (and other persons subject to U.S. jurisdiction), is responsible for determining whether he or she meets the criteria of the general license categories identified under the U.S. Cuba Asset Control Regulations, and for complying with record-keeping requirements. Additional information on these requirements is available at: https://www.treasury.gov/resource-center/sanctions/Programs/Documents/cuba\_faqs\_new.pdf

THIS DOCUMENT WILL BE RETAINED BY AIR CANADA FOR 5 YEARS.