

Required in duplicate at every Port where Passengers disembark.  
THROUGH Passengers are NOT to be shown.

Form P.—2.  
(Amended.)

COMMONWEALTH OF AUSTRALIA.

Navigation Act 1912-1926.

NAV. (PASSENGERS) REGS.

PASSENGER LIST—INCOMING PASSENGERS.

Return of Passengers Brought to the Port of ADLAIDE from Places Outside Australia.

(To be furnished in Duplicate.)

NOTE.—1st Class, 2nd Class, and 3rd Class Passengers are to be entered in separate groups.

Name of Ship.	Official Number.	(a) Port of Registry. (b) Steam-ship Line.	Master's Name.	Tonnage— (a) Gross. (b) Net.	Date of Arrival.	Voyage.
S.S. "QUILOA"	148695	(a).....LONDON..... (b).....BRITISH INDIA S.N.CO.	S. C. BROWN	(a) 7765..... (b) 4750.....	13.10.39.	From..CALCUTTA..via..... MADRAS To.....SYDNEY..

NAMES AND DESCRIPTIONS OF PASSENGERS.

(1) Line No.	(2) Port where Embarked.	(3) NAME. (Separate line to be used for each Passenger.)	(4) Class (whether 1st, 2nd, or 3rd).	(5) Profession, Occupation or Calling.	(6) Sex (M. or F.)	(7) Age last Birthday.	(8) Married or Single— M. = Married. S. = Single. W. = Widow or Widower.	(9) Country of Last Permanent Residence.*	(10) Nationality— B. = British. A. = Alien.	(11) Race (specifying Country.)	(12) Country of intended Future Permanent Residence.*	(13) REMARKS.
1	CALCUTTA	BROOKMAN Mr. M.R.	1st	SOLICITOR	M	23	S	AUSTRALIA	B	AUSTRALIAN	AUSTRALIA	
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\*By Permanent Residence is to be understood residence for a year or more.

## PASSENGER LIST—INCOMING PASSENGERS—continued.

## \*BIRTHS ON THE VOYAGE.

Name of Infant.	Male or Female.	Names of Parents.	Nationality.

## \*DEATHS ON THE VOYAGE.

Name.	Male or Female.	Age.	Occupation.	Nationality.	Cause of Death.

\*A separate and detailed Return, in Form M. & S.—15, is also to be furnished by the Master to the Deputy Director in respect of every birth, death or Marriage happening on board the ship.  
(See Navigation Act, Sec. 166, and Reg. 22 of the Navigation (Master and Seamen) Regulations.)

## SUMMARY OF PASSENGERS.

NUMBER OF ADULTS.		NUMBER OF CHILDREN, 1 TO 12 YEARS.		NUMBER OF INFANTS.		Total Males.	Total Females.	Grand Total.
Males.	Females.	Males.	Females.	Males.	Females.			
ONE	NIL	NIL	NIL	NIL	NIL	ONE	NIL	ONE

I HEREBY CERTIFY that, to the best of my knowledge and belief, the above consisting of.....pages, is a true, full, and correct Return, in all particulars, of the Passengers brought from places outside Australia to the Port of.....A.d.e.l.a.i.d.e.....in the above-mentioned ship, and of the Births and Deaths on the Voyage.

I FURTHER CERTIFY that, † except as set out in Health Reports furnished under the Commonwealth Quarantine Act, the above-mentioned Passengers to be landed at this Port do not include any person who is insane, idiotic, deaf and dumb, blind, infirm, or destitute, or who is suffering from any infectious or contagious disease of a loathsome or dangerous character, and that none of such passengers has, during the voyage, shown any signs of mental peculiarity or of helplessness.

Witness.....

Date.....13 TH., OCTOBER 1939.....

† NOTE.—Strike out these words if there are no exceptions.

## NOTE AS TO VESSELS WHICH LAND PASSENGERS AT MORE THAN ONE PORT IN AUSTRALIA.

The Passengers for the preceding Ports of Call in Australia were landed on the dates mentioned below :—

Port.	Date.	Port.	Date.
.....NIL.....			

(FOR OFFICE  
USE ONLY.)

## PASSENGER LIST—INWARDS.

Name of Ship.....QUILLOA.....  
Voyage from.....CALCUTTA.....  
Date of Arrival.....13 OCT 1939 / 19.....