



Form of Declaration

Pursuant to the Notification of the Central Committee on the Price of Goods and Services

No. 3, B.E. 2564 (2021)

Regarding Declaration of Information, Display of Price, and Ration or Distribution of Hygienic Mask

Dated 4 February B.E. 2564 (2021)

Form NorOr. 02/1 (For Importer)

Receipt No.
Signed.....Receiver
(.....)
Rank.....
Date.....at.....hrs.

Name of Business Operator (Company/Partnership) Registration No. Address of Head Office No. Alley/Lane.....
Road..... Sub-district/Sub-area..... District/Area..... Province..... Postal Code.....Telephone/Facsimile.....
E-mail..... Information as of Date..... Month..... B.E.

Table with 13 columns: Number of Import Entry, Customs Tariff, Statistics Code, Name and Address of Purchaser/Receiver, Type of Hygienic Mask (Surgical Mask, Other Hygienic Masks), Name of Goods (Name/Type/Model), Trade Name (Brand), Costs/Price of Import (CIF), Price of Distribution (at Factory, Wholesale, Retail), Remaining Quantity derived, Quantity of Distribution (Piece), Quantity of Remaining as of the Day of Declaring (Piece).

Remark : In case of wishing to submit the Form of Declaration at the Office of the Central Committee on the Price of Goods and Services, the Department of Internal Trade, the Ministry of Commerce, the submission can be made within the official date and time (Monday to Friday).

I certify that the particulars as hereby declared are true in all respects.

Signed.....Person who can sign to bind a juristic person
(.....)

Rank.....
(Affixing of a Juristic Person's Seal)

Date..... Month.....B.E.