



Form of Declaration

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

No. 3, B.E. 2563 (2020)

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

Dated 4 February B.E. 2563 (2020)

Form Nor.Or.01

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

Name of Business Operator (Company/Partnership).....Address of Head Office No..... Alley/Lane..... Road.....
 Sub-district/Sub-area.....District/Area.....Province..... Postal Code..... Telephone.....Facsimile.....Email.....
 Type of Business [] Producer [] Exporter [] Distributor [] Sole Distributor of.....
 [] Quantity of Production.....Pieces [] Quantity of Exportation.....Pieces [] Quantity of Distribution.....Pieces
 Distribution Price and Details of Goods as of.....Month..... B.E.

Unit : Baht/Piece

Name of Goods	Trade Name (Brand)	Type/Model		Quantity of Remaining derived (from previous day)	Price of Distribution			Total Costs or Purchase Price	Remaining Quantity (on the Date of Declaration)
		Medical Use	Non-Medical Use		at Factory <small>(not including Value Added Tax)</small>	Wholesale <small>(not including Value Added Tax)</small>	Retail <small>(including Value Added Tax)</small>		

Remark : 1. Total costs are the costs of a producer.

2. The purchase price is the purchasing cost of an importer, a distributor and an exporter.

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.