



Receipt No.....	
Date.....	
Signed.....	Receiver
Rank.....	

**Application for Renewal of Letter of Permission to Distribute, Possess, Use or Transform  
Glacial Acetic Acid**

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

**1. Name of Applicant**

1.1 In Case of Juristic Person (Company/Partnership)....., Registration Number.....,  
Head Office Located at No. ...., Alley/Lane....., Road....., Sub-district/Sub-area.....,  
District/Area....., Province....., Postal Code....., Telephone.....,  
Facsimile....., E-mail.....

1.2 In Case of Ordinary Person (Mr./Mrs./Ms.)....., Number of Identity Card.....,  
Address No. ...., Alley/Lane....., Road....., Sub-district/Sub-area.....,  
District/Area....., Province....., Postal Code....., Telephone.....,  
Facsimile....., E-mail.....

**2. Details on Applying for Permission**

to Distribute Volume.....Kilogram (s) /Litre (s)  to Possess Volume.....Kilogram (s) /Litre (s)

to Use Volume.....Kilogram (s) /Litre (s)  to Transform Volume.....Kilogram (s) / Litre (s)

**3. Place of Business Operation** (in the case where the place to distribute, possess, use or transform differs from the place under Clause 1)

Place to Distribute Located at No. ...., Alley/Lane....., Road....., Sub-district/Sub-area.....,  
District/Area....., Province....., Telephone ..... , Facsimile.....,  
E-mail.....

Place to Possess Located at No. ...., Alley/Lane....., Road....., Sub-district/Sub-area.....,  
District/Area....., Province....., Telephone ..... , Facsimile.....,  
E-mail.....

Place to Use Located at No. ...., Alley/Lane....., Road....., Sub-district/Sub-area.....,  
District/Area....., Province....., Telephone ..... , Facsimile.....,  
E-mail.....

Place to Transform Located at No. ...., Alley/Lane....., Road....., Sub-district/Sub-area.....,  
District/Area....., Province....., Telephone ..... , Facsimile.....,  
E-mail.....

Certify that the statements as given above are true in all respects.

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

Position.....

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

Position.....

(a juristic person's seal to be stamped) (if any)

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