

Receipt No
 Date Time hrs.



Form of Declaration

Pursuant to the Notification of the Central Committee on the Price of Goods and Services No. 48, B.E. 2566 (2023)

Regarding Declaration of Price, Prescription of Rules and Conditions Associated with Sale of Medicines, Medical Supplies, Medical Treatment Fees, Medical Service Fees, and Other Service Fees of Clinics

Dated 1st July B.E. 2566 (2023)

Name of Business Operator (Company/Partnership)....., Name of Hospital....., Number of Bed....., Registration Number of Juristic Person

Address of Hospital No....., Alley/Lane....., Road....., Sub-district/Sub-area....., District/Area....., Province....., Postal Code.....

Name of Coordinator....., Telephone....., Facsimile....., Email.....

- Operating Business on Date of Notification Coming into Force
- Operating Business after Date of Notification Coming into Force
- To Declare Sale of Medical Supplies in accordance with New List in Account
- To Declare Sale of Medical Supplies at the Prices Being Different from Those as Already Declared

Unit:Baht

Code of List	List of Medical Supplies	Unit of Medical Supplies	Purchase Price		Distribution Price	
			Old	New	Old	New

- Remarks :**
- For a column "Unit of Medical Supplies", it is required to declare the unit which specifies the number of the item of medical supplies, such as 1 PC, 5 BALLS/PACK , 1 PAIR
 - In declaring the information of goods in each item, it is required to fill out only the item which is required to declare under the Notification
 - In the case where there is not enough space to fill out information, additional documents can be attached.
 - In declaring medical supplies under the new list in the account which have never been declared before, it is required to declare within 30 days as from the date of starting sale.

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

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

Rank.....

(a juristic person's seal to be stamped)

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