



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)

Receipt No
Date Time hrs.

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 Medicines in accordance with New List in Accou To Declare Sale of Medicines at the Prices Being Different from Those as Already Declared

Unit:Baht

Code TMT	List of Medicines	Medicine Producer	Purchase Price		Distribution Price		Sales Rank
			Old	New	Old	New	

- Remarks :**
1. In the case of the first declaration of information, it is not required to fill out the information in a column "Old".
 2. In the case of sale at the prices being different from those as already declared, it is required to fill out information both column "Old" and column "New".
 3. In a column "Sales Rank", it is required to fill out number 1-200 of the list of medicines which have the highest sales volume in top 200 in each hospital.
 4. 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
 5. In the case where there is not enough space to fill out information, additional documents can be attached.
 6. In declaring medicines 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.