



Receipt No.....
Date.....Time.....hrs.

Form of Declaration

Pursuant to Notification of the Central Committee on the Price of Goods and Services No. 87, B.E. 2562 (2019)

Regarding Declaration of Price, Prescription of Rules and Conditions for Sale of Medicines, Medical Supplies, Medical Treatment Fees, Medical Service Fees, and Other Service Fees of Clinics, Dated 4 July B.E. 2562 (2019)

Name of Business Operator (Company/Partnership).....Registration No. of Juristic Person.....

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

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

Type of Business  Pharmaceutical Manufacturer  Importer of Medicines into the Kingdom for Sale  Distributor of .....

Sale Price as of  May 2562  Date.....Month..... B.E. ....

Unit : Baht

TMT Code	Item of Medicines	Pharmaceutical Manufacturer	Sale Price

Remark

1. In case of being a distributor, it is required to fill out the distribution of whom
2. 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.
3. In the case where there is not enough space to fill out information, the attached page is required.

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.....

