



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

**Application for Permission to Distribute, Possess, Use or Transform
Ether Chemical Solution (Ether) and Chloroform Chemical Solution (Chloroform)**

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

Ether Chemical Solution (Ether) Volume.....Kilogram (s) / Litre (s)

Chloroform Chemical Solution (Chloroform) Volume.....Kilogram (s) / Litre (s)

to Possess

Ether Chemical Solution (Ether) Volume.....Kilogram (s) / Litre (s)

Chloroform Chemical Solution (Chloroform) Volume.....Kilogram (s) / Litre (s)

to Use

Ether Chemical Solution (Ether) Volume.....Kilogram (s) / Litre (s)

Chloroform Chemical Solution (Chloroform) Volume.....Kilogram (s) / Litre (s)

to Transform

Ether Chemical Solution (Ether) Volume.....Kilogram (s) / Litre (s)

Chloroform Chemical Solution (Chloroform) 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.....