



Form of Declaration

Form NorOr. 03 (For Importer)

Receipt No.
Signed.....Receiver
(.....)
Rank.....
Date.....at.....hrs.

Pursuant to the Notification of the Central Committee on the Price of Goods and Services

No. 4, B.E. 2566 (2023)

Regarding Setting of Distribution Price and Declaration of Information on Hygienic Mask

Dated 24th January B.E. 2566 (2023)

Name of Business Operator (Company/Partnership) Registration No. Address of Head Office No.
Alley/Lane..... Road.....Sub-district/Sub-area.....District/Area.....Province.....
Postal Code.....Telephone..... Facsimile..... E-mail.....
Examination and Release by the Customs Department as of Date.... Month.... B.E. at.....hrs. [] Import as of Date.... Month.... B.E.

[] To declare a change in the information which has already been declared Number of Import Declaration.....Customs Tariff.....Statistics Code.....
Country of Origin..... Trade Name (Brand)..... Quantity of Importation..... Pieces
Type of Hygienic Masks [] Surgical Masks [] Other Hygienic Masks (Please specify)
Type..... Model.....

Unit : Baht/Piece

Table with 3 columns: Particulars, Capital Costs, Remark. Rows include: 1. Price of Importation (CIF), 2. Tax, 3. Import Duty, 4. Total Capital Costs, 5. Management and Transportation Costs, Returns from Sale and Other Expense, 6. Price of Mask Sold by Importer, 7. Price of Mask Sold by Wholesaler, 8. Price of Mask Sold by Retailer, 9. Retail Price, Including Value Added Tax.

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.