



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

Form of Declaration

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

No. 3, B.E. 2563 (2020)

Regarding Declaration of Information, Display of Price, and Ration or Distribution of Hygienic Mask

Dated 4 February B.E. 2563 (2020)

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..... Telephone.....Facsimile.....

Email..... Date of Importation.....Month..... B.E. ....

Name and Address of Purchaser/Receiver	Name/Trade Name Brand Type/Model	Quantity of Distribution (Pieces)	Price of Distribution (Baht/Piece)

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. ....