



Form for Declaration

Pursuant to Notification of the Central Committee on the Price of Goods and Services No. 63, B.E. 2564 (2021)

Regarding Declaration of Information and Production of Account for Controlling Test Kit Products and Reagents Relating to Diagnosis of SARS-Cov-2 Infection (COVID-19 Pathogen), COVID-19 Antigen Test Self-Test Kits Dated 18th August B.E. 2564 (2021)

Form ChorTor.03 (For Wholesaler)

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

Name of Business Operator (Company/Partnership)....., Registration Number of Juristic Person....., Address of Head Office No....., Alley/Lane....., Road....., Sub-district/Sub-area, District/Area, Province, Postal Code....., Telephone....., Facsimile....., E-mail, Size of Packing in the Number of..... Pieces per Box, Source of Origin..... Name of Producer..... Source of Thing to Be Tested [] Nasopharyngeal [] Nasal swab [] Oropharyngeal [] Saliva swab [] Others (Please Specify)..... Information as of Date.....Month..... B.E.

Table with 10 columns: Name of Product, Lot Number of Production, Trade Name of Product (Brand), Capital Costs (Baht/Piece) - Capital Costs of Purchase, Total Capital Costs, Prices of Distribution (Baht/Piece) - Wholesale (not Including Value Added Tax), Retail (Including Value Added Tax), Remaining Quantity derived (from previous day) (Piece), Quantity of Purchase, Quantity of Distribution, Remaining Quantity as of the Date of Declaration (Piece). Includes a sub-row for Quantity of Purchase and Distribution with '(as of the Date of Declaration)'.

I certify that the particulars as hereby declared are true in all respects Signature of Declarer..... Authorized Person Who Can Sign (.....) to Bind a Juristic Person Rank..... (a juristic person's seal to be stamped) Date.....Month..... B.E.