

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).....Name of Hospital.....Number of Beds.....Registration No. of Juristic Person.....

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

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

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

To Declare Sale of Medicines at Different Prices from Those as Already Declared

Unit : Baht

TMT Code	Item of Medicines	Pharmaceutical Manufacturer	Purchase Price		Sale Price		Order of Sale
			Old	New	Old	New	

Remark

1. In case of being the first time of declaration, it is not required to fill out information in a column "Old".
2. In case of selling at the different prices from those already declared, it is required to fill out information in both columns "Old" and "New".
3. For a column "Order of Sale", it is required to fill out numbers 1-100 of items of medicines which are made the highest sales volume in the first one hundred items of each hospital.
4. 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.
5. 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.....

