



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. 2564 (2021)

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

Dated 4 February B.E. 2564 (2021)

Name of Business Operator (Company/Partnership) Address of Head Office No..... Alley/Lane..... Road.....
 Sub-district/Sub-area.....District/Area..... Province..... Postal Code.....Telephone..... Facsimile..... E-mail.....
 Type of Business Producer Exporter Distributor..... Sole Distributor of 1)2)3)
 Information as of Date..... Month..... B.E.

Name of Goods (Name/Type/Model)	Trade Name (Brand)	Type of Hygienic Mask		Costs		Price of Distribution			Quantity of Remaining derived (from Previous Day)	Quantity of Production (As of the Day of Declaring)	Quantity of Exportation	Quantity of Distribution	Quantity of Remaining (As of the Day of Declaring)
		Surgical Mask	Other Hygienic Masks	Production Costs	Total Costs or Purchase Price	at Factory (not including Value Added Tax) (Baht/Piece)	Wholesale (not including Value Added Tax) (Baht/Piece)	Retail (including Value Added Tax) (Baht/Piece)					

Remark : 1. The total costs are the costs of a producer.

2. The purchase price is the purchasing cost of a producer, an exporter and a distributor.

3. Type and model of goods, e.g. N 95, carbon, Surgical Mask, etc.

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.