

Receipt No .....
Date ..... Time ..... hrs.



Form of Declaration

Pursuant to the Notification of the Central Committee on the Price of Goods and Services No. 48, B.E. 2566 (2023)

Regarding Declaration of Price, Prescription of Rules and Conditions Associated with Sale of Medicines, Medical Supplies, Medical Treatment Fees, Medical Service Fees, and Other Service Fees of Clinics

Dated 1<sup>st</sup> July B.E. 2566 (2023)

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.....

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

Type of Business  Medicine Producer  Importer of Medicines into the Kingdom for sale  Distributor of .....

Operating Business on Date of Notification Coming into Force  Operating Business after Date of Notification Coming into Force

Unit:Baht

Code TMT	List of Medicines	Medicine Producer	Distribution Price

- Remarks :**
1. In the case of being a distributor, it is required to fill out being the distributor to whom.
  2. In declaring the information of goods in each item, to fill out only the item required by the Notification.
  3. In the case where there is not enough space to fill out information, additional documents can be attached.

I certify that the particulars as hereby declared are true in all respects.  
 Signed.....Person who can sign to bind a juristic person  
 (.....)  
 Rank.....  
 (a juristic person's seal can be attached)  
 Date.....Month.....B.E. ....