



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)

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

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.....Email.....

Type of Business  Producer  Importer  Exporter  Distributor  Sole Distributor of.....

Quantity of Production.....Pieces/Year  Quantity of Importation.....Pieces/Year  Quantity of Exportation.....Pieces/Year  Quantity of Distribution.....Pieces/Year

Distribution Price and Details of Goods  as of the Date on Which the Notification Comes into Force.....Month..... B.E. ....  as of.....Month..... B.E. ....

Unit : Baht/Piece

Name of Goods	Trade Name (Brand)	Type/Model		Quantity of Remaining derived (from previous month)	Price of Distribution			Total Costs or Purchase Price	Remaining Quantity at the End of the Month
		Medical Use	Non-Medical Use		at Factory (not including Value Added Tax)	Wholesale (not including Value Added Tax)	Retail (including Value Added Tax)		

Remark : 1. Total costs are the costs of a producer.

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

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. ....