



Form of Declaration

Form PhorMor. 01

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

Pursuant to the Notification of the Central Committee on the Price of Goods and Services

No. 6, B.E. 2564 (2021)

Regarding Declaration and Display of Price of Product Containing Alcohol as Component for Hand Hygiene

Dated 4 February B.E. 2564 (2021)

Name of Business Operator (Company/Partnership) ..... Registration No. .... 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  Importer  Exporter  Distributor of..... Information of Month..... B.E. ....

Type		Name of Goods	Trade Name (Brand)	Size (mL./Unit)	Total Costs or Purchase Price (Baht/Piece)	Quantity (Piece)				Quantity of Remaining derived (from Previous Month) (Piece)	Price of Distribution (Baht/Piece)			Quantity of Remaining (At the End of the Month) (Piece)	
Gel	Spray					Production	Importation	Exportation	Distribution		at Factory (not including Value Added Tax)	Wholesale (not including Value Added Tax)	Retail (including Value Added Tax)		
									In Kingdom						In Foreign Country

- Remark:** 1. The business operator shall fill out related information according to the type of business operation.
2. In the case where there is not enough space to fill out information, the attached page is required.
3. For a column "Price of Distribution", a producer or an importer is required to declare the price at a factory and the wholesale price of distribution; except for a case of a direct distribution to a consumer, it is required to declare the retail price of distribution; in case of an exporter, it is required to declare the wholesale price; in case of a distributor, it is required to declare the wholesale price of distribution and the retail price of distribution.

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. ....