



Form of Declaration

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

No. 3, B.E. 2566 (2023)

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

Dated 24th January B.E. 2566 (2023)

Form NorOr. 02 (For Importer)

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

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.....

Importation as of Date..... Month..... B.E. To declare a change in the place of storage which has already been declared

Table with 11 columns: Number of Import Declaration, Examination and Release of Goods by the Customs Department (Date/Month/Year, Time), Customs Tariff, Statistics Code, Country of Origin, Type of Hygienic Mask (Surgical Masks, Other Hygienic Masks), Name of Goods (Name/Type/Model), Trade Name (Brand), Costs/Price of Importation (CIF), Quantity of Import (Pieces), Place of Storage (Old, New).

Remark : 1. The declaration of information shall be made within 24 hours as from the time when the examination and release has been recorded by the Customs Department.

2. Please attach the copy of the import declaration issued by the Customs Department (Form KorSorKor. 99/1) which the date and time of release shall appear clearly and completely.

3. To specify the name of the company/partnership of warehouse which is the place of storage.

4. In case of wishing to submit the Form of Declaration at the Office of the Central Committee on the Price of Goods and Services, the Department of Internal Trade, the Ministry of Commerce, the submission can be made within the official date and time (Monday to Friday).

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.