



Form for Declaration

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

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

No. 63, B.E. 2564 (2021)

Regarding Declaration of Information and Production of Account for Controlling Test Kit Products and Reagents Relating to Diagnosis of SARS-Cov-2 Infection (COVID-19 Pathogen), COVID-19 Antigen Test Self-Test Kits

Dated 18th August B.E. 2564 (2021)

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....., Telephone, Facsimile, E-mail

Name of Coordinator.....

Category of Business Producer Importer into the Kingdom for Distribution Wholesaler

Information of Month B.E.

Trade Name of Product (Brand)	Name and Address of Purchaser	Category of Purchaser's Business		Remarks
		Wholesaler	Retailer	

Remark : In the case where there is not enough space to fill out information, the attached page is required.

I certify that the particulars as hereby declared are true in all respects

Signature of Declarer..... Authorized Person Who Can Sign
 (.....) to Bind a Juristic Person
 Rank.....
 (a juristic person's seal to be stamped)
 Date.....Month..... B.E.