

APPLICATION FOR

AN INBOUND CARRYING BY TRAVELLER UNDER TREATMENT OF MEDICAL PREPARATIONS CONTAINING SUBSTANCES UNDER CONTROL OF THE SINGLE CONVENTION ON NARCOTIC DRUGS, 1961.

	Part A – Your details	<u> </u>	9 Your current residential address – where you can be contacted.
	Please complete using		Note: A post office box address is not acceptable as a
1			residential address. Failure to give a residential address w
•	Family name	your passport	result in your application being invalid.
	Given names		
	Given names		
			POSTAL CODE
2	Name in your own scri	pt or character – if applicable	10 Address for correspondence
			10 Address for correspondence
3	Nationality – as showr	in your passport	(If the same as your residential address, write 'AS ABOVE'.
1	Details from your pass		POSTAL CODE
	Passport number		11 Your telephone numbers – where you can be contacted
	Country of		COUNTRY CODE AREA CODE NUMBER
	Passport	DAY MONTH YEAR	Office hours () ()
	Date of issue	37.1.	COUNTRY CODE AREA CODE NUMBER
	<u> </u>	DAY MONTH YEAR	After hours () ()
	Date of expiry		
			12 Do you agree to the department communicating with you
	Issuing authority/ Place of issue as		by fax, e-mail, or other electronic means?
	shown in your		NO L
	passport		Yes ☐ Give details
=	Sex Male	Female	COUNTRY CODE AREA CODE NUMBER
,	Sex Iviale	DAY MONTH YEAR	Fax number () ()
6	Date of birth		E-mail address
7	Place of birth		13 Briefly describe the medical treatment you have received in
	Town/city		your home country. If insufficient space, attach an additiona
	Country		statement.
	Country		
3	Country where you live),	

14	Give details of the doctor in your home country who provided		Disembarkation Port
	you with medical treatment.		
	Name and Licence number of doctor.		Carrier / Flight number
			Outries / Flight Humber
	Address		
		18	Do you have any relatives or friends in Thailand?
			NO
	POSTAL CODE		Yes ☐ Five all relevant details
	TOOTAL CODE		Name of person
15	Give the expected date of arrival and departure from		
	Thailand and details of arrangement for your continued		Relationship
	care in your home country.		Permanent resident of Thailand ?
	DAY MONTH YEAR		NO Yes
	Date of arrival		Address
	DAY MONTH YEAR		
	Date of departure		
	Details of arrangement. If insufficient space, attach		POSTAL CODE
	an additional statement		
		19	During your proposed stay in Thailand, do you have or
			expect to incur medical costs or require treatment or
			medical follow up for your medical condition?
			NO
			Yes Please provide full details.
16	Give details of the medical preparations containing substances		If insufficient space, attach an additional statement.
	under control of the Single Convention on Narcotic Drugs,		
	1961, which the doctor in your home country arranged for		
	you during your stay in Thailand. (For amounts not exceeding		
	30 days of treatment)		
	Details of medical preparations (Trade name, generic name,		
	strength and quantity). If insufficient space, attach an	Par	t B – Declaration
	additional statement.	20	Applicant
	additional statement.	20	
			I declare that the information on this form is complete,
			correct and up-to-date in every detail.
			I will abide by the condition imposed on the permit
			granted.
			Signature
17			of applicant
17	Give details of your itineraries Embarkation Port		DAY MONTH NEAS
	LINDARAGOTT OIL		DAY MONTH YEAR
	Corrier / Elight number		
	Carrier / Flight number		