



THE ROYAL THAI GOVERNMENT
FOOD AND DRUG ADMINISTRATION

FORM
IC - 1

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

Please complete using BLOCK LETTERS

1 Your full name – as in your passport

Family name

Given names

2 Name in your own script or character – if applicable

3 Nationality – as shown in your passport

4 Details from your passport

Passport number

Country of Passport

Date of issue

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of expiry

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

Issuing authority/
Place of issue as shown in your passport

5 Sex Male Female

6 Date of birth

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

7 Place of birth

Town/city

Country

8 Country where you live

9 Your current residential address – where you can be contacted
Note : A post office box address is not acceptable as a residential address. Failure to give a residential address will result in your application being invalid.

POSTAL CODE

10 Address for correspondence

(If the same as your residential address, write 'AS ABOVE'.)

POSTAL CODE

11 Your telephone numbers – where you can be contacted

	COUNTRY CODE	AREA CODE	NUMBER
Office hours	()	()	
After hours	()	()	

12 Do you agree to the department communicating with you by fax, e-mail, or other electronic means?

NO

Yes Give details

	COUNTRY CODE	AREA CODE	NUMBER
Fax number	()	()	
E-mail address	<input type="text"/>		

13 Briefly describe the medical treatment you have received in your home country. If insufficient space, attach an additional statement.

