



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 []
Date of expiry [] DAY [] MONTH [] YEAR []
Issuing authority/ Place of issue as shown in your passport []
[]
[]

5 Sex Male Female

6 Date of birth [] DAY [] MONTH [] YEAR []

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 () ()
COUNTRY CODE AREA CODE NUMBER
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 []

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

[]
[]
[]

14 Give details of the doctor in your home country who provided you with medical treatment.

Name and Licence number of doctor

Address

POSTAL CODE

15 Give the expected date of arrival and departure from Thailand and details of arrangement for your continued care in your home country.

Date of arrival

DAY	MONTH	YEAR

Date of departure

DAY	MONTH	YEAR

Details of arrangement. If insufficient space, attach an additional statement

16 Give details of the medical preparations containing substances 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 90 days of treatment)

Details of medical preparations (Trade name, generic name, strength, instruction for use and total quantity). If insufficient space, attach an additional statement.

17 Give details of your itineraries

Embarkation Port

Carrier / Flight number

Disembarkation Port

Carrier / Flight number

18 Do you have any relatives or friends in Thailand?

No

Yes ► Give all relevant details

Name of person

Relationship

Permanent resident of Thailand?

No

Yes

Address

POSTAL CODE

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.

If insufficient space, attach an additional statement.

Part B – Declaration

20 Applicant

- 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

of applicant

Date

DAY	MONTH	YEAR