



APPLICATION FOR
AN OUTBOUND 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

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

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

No
Yes Give details

Fax number COUNTRY CODE AREA CODE NUMBER () ()
E-mail address []

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

[]
[]
[]

14 Give details of the doctor in Thailand who provided you with medical treatment.

Name and Licence number of doctor

Address

POSTAL CODE

15 Give the expected date of departure and arrival in Thailand.

DAY MONTH YEAR

Date of departure

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DAY MONTH YEAR

Date of arrival

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16 Give details of the medical preparations containing substances under control of the Single Convention on Narcotic Drugs, 1961, which the doctor in Thailand arranged for you. (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 close relatives or friends in Thailand?

No

Yes ► Give all relevant details

Name of person

Relationship

Permanent resident of Thailand?

No

Yes

Address

POSTAL CODE

Part B – Declaration

19 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

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