



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

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 (66) () []
After hours COUNTRY CODE AREA CODE NUMBER (66) () []

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 (66) () []
E-mail address []

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

[]
[]
[]

