



THE ROYAL THAI GOVERNMENT
FOOD AND DRUG ADMINISTRATION

Transaction No.
Submitted Date

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
AND THE CONVENTION ON PSYCHOTROPIC SUBSTANCES, 1971.**

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

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3 Nationality – as shown in your passport

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4 Details from your passport

Passport number							
Country of Passport							
Date of issue	<table border="1"> <tr> <td>DAY</td> <td>MONTH</td> <td>YEAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	DAY	MONTH	YEAR			
DAY	MONTH	YEAR					
Date of expiry	<table border="1"> <tr> <td>DAY</td> <td>MONTH</td> <td>YEAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	DAY	MONTH	YEAR			
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

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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.

