



APPLICATION FOR
AN OUTBOUND 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

[]

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.

[]
[]
[]

