



THE ROYAL THAI GOVERNMENT  
FOOD AND DRUG ADMINISTRATION

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.

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

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Country of  
Passport

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DAY MONTH YEAR

Date of issue

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DAY MONTH YEAR

Date of expiry

--	--	--

Issuing authority/

Place of issue as  
shown in your  
passport


5 Sex Male ☐ Female ☐

DAY MONTH YEAR

6 Date of birth

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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.


Continued on next page ►

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

Name and Licence number of doctor.

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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.

DAY MONTH YEAR

Date of arrival

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DAY MONTH YEAR

Date of departure

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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

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Carrier / Flight number

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Disembarkation Port

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Carrier / Flight number

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- 18 Do you have any relatives or friends in Thailand?

NO ☐

Yes ☐ ► Give all relevant details

Name of person

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Relationship

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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

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DAY MONTH YEAR

Date

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