



THE ROYAL THAI GOVERNMENT
FOOD AND DRUG ADMINISTRATION

FORM
OC - 1

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

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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><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><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	<table><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table>						

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 Thailand. If insufficient space, attach an additional statement.

Continued on next page ►

- 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

DAY MONTH YEAR

Date

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