

Receipt No.
Date
Name of Recipient
Position

Form for reporting the amount of sale, possession, use, or alteration of the form of caffeine or salt of caffeine according to the Notification of the Department of Internal Trade RE: form, criteria, and procedure of submitting an application to take, transfer, sell, have in possession, or to alter the form of caffeine or salt of caffeine

Dated 8th January B.E. 2546

1. Name of the applicant

1.1. In case of legal person, (company/firm) Registration Number..... The main office is located at number
alley/lane road sub-district district province
postcode telephone/facsimile

1.2. In case of natural person (Mr./Mrs./Miss) Personal Identification Number
Address alley/lane road sub-district district
..... province postcode telephone/facsimile

1.3. Type of business of the applicant Importer Exporter Manufacturer Drug Food Blueprint Laboratory user

2. Information of month B.E.

Name of caffeine or salt of caffeine	Amount of caffeine or salt of caffeine						
	Amount of the leftover from the previous month	Amount of import/purchase/receipt	Amount in possession	Amount of sale		Amount of use or altering the form of caffeine or salt of caffeine	Amount left (at the end of the month)
				Domestic	International		
1. Caffeine or salt of caffeine with Coordiantes 2939.30 ¹ <input type="checkbox"/> Caffeine ² <input type="checkbox"/> Salt of caffeine							

<p>2. Caffeine or salt of caffeine with Coordiantes 3003.40</p> <p>¹ <input type="checkbox"/> Caffeine mixed with other substances that are not finished products</p> <p>² <input type="checkbox"/> Others</p>					
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3. Locations

Location of sale is located at number alley/lane road
sub-district district province telephone/facsimile

Location of possession is located at number alley/lane road
sub-district district province telephone/facsimile

Location of use is located at number alley/lane road
sub-district district province telephone/facsimile

Location of the alteration process is located at number alley/lane road
sub-district district province telephone/facsimile

I certify that the statements above are all and nothing but the truth.

Sign
an authorized agent of the legal person/owner

Position
Sign
an authorized agent of the legal person/owner

Position
(Seal of the legal person)

DateMonth.....Year.....

Note 1. Specify the type of caffeine, for instance hydrate.
2. Specify the type of salt.
3. Specify other components and the amount of other types of caffeine in the mixture.

Names and addresses of purchases and sources of caffeine

Attachment of Form Por Kor 03

Month B.E.

Name (company/shop/person)

unit : kilogram

Order	Names of caffeine or salt of caffeine	Information regarding sources			Information regarding purchasers		
		Names and addresses	Amount		Names and addresses	Amount	
			Domestic	International		Domestic	International
	Total						