



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

[]

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

6 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
() ()
After hours COUNTRY CODE AREA CODE NUMBER
() ()

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
() ()
E-mail address []

13 Briefly describe the medical treatment you have received in your home country. If insufficient space, attach an additional statement.

[]
[]
[]

Supplementary information to form IC-1

1. The following documents should be submitted together to :

<p>Narcotics Control Division Food and Drug Administration Ministry of Public Health Nonthaburi 11000, THAILAND Tel : 66 2590 7338, Fax : 66 2591 8471 Email : narcotic@fda.moph.go.th</p>

1.1 Application form (Form IC-1)

1.2 The medical prescription by the patient's doctor who provided medical treatment indicated :-

- ◆ the name and address of the patient,
- ◆ the identified medical condition,
- ◆ the name and the necessity of medical preparations for his/her treatment,
- ◆ the posology and total amount of medical preparations prescribed,
- ◆ the name, address and licence number of the prescribing doctor.

1.3 Certificate issued by the competent authority of the country of departure to confirm the patient's legal authority to carry medical preparations for personal use.

2. Two weeks is necessary to process the application. In case of urgency, please send by fax or E-mail the application form (1.1) with medical prescription (1.2) and the certificate (1.3) at least two weeks before your arrival in Thailand.

[The original documents should still be sent by air mail]

3. Examples of narcotic drugs controlled under 1961 Convention :

Codeine, Dextropropoxyphene, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Methadone, Morphine, Oxycodone, Pethidine.