



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><b>Narcotics Control Division Food and Drug Administration Ministry of Public Health Nonthaburi 11000, THAILAND Tel : 66 2590 7346, Fax : 66 2591 8471 Email : tnarcotics@fda.moph.go.th</b></p>
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**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 of the medications and the reason that those medications were prescribed for the patient's treatment,
- ◆ the posology and total amount of medications prescribed,
- ◆ the name, address and licence number of the prescribing physician.

**1.3 Certificate issued by the competent authority of the country of departure to confirm the patient's legal authority to carry medications 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 must still be sent by air mail]

3. Examples of narcotic drugs which are controlled under the Single Convention on Narcotic Drugs (1961): controlled under 1961 Convention :

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