

(Unofficial Translation)

NOTIFICATION OF THE DEPARTMENT OF MEDICAL SCIENCES
RE: FORM OF NOTIFICATION IN CASE OF DEATH OR LOSS OF A JURISTIC PERSON'S STATUS OF THE PERSON
RECEIVING A CERTIFICATE OF NOTIFICATION OR THE PERSON RECEIVING A LICENSE
B.E. 2562 (2019)

By virtue of the provisions pursuant to Clause 5 of the Ministerial Regulation on the Notification in Case of Death or Loss of a Juristic Person's Status of the Person Receiving a Certificate of Notification or the Person Receiving a License B.E. 2562 (2019), a heir, an administrator, a liquidator, an operator or an operation personnel shall notify the Director-General in the form as in the attachments to this notification in case of death or loss of a juristic person's status of the person receiving a certificate of notification or the person receiving a license.

Notified on the 6th day of February B.E. 2562 (2019)
Opas Karnkawinpong
Director-General of the Department of Medical Sciences

This translation is provided by Department of Medical Sciences as the competent authority for information purposes only. Whilst Department of Medical Sciences has made efforts to ensure the accuracy and correctness of the translation, the original Thai text as formally adopted and published shall in all events remain the sole authoritative text having the force of law.

Form of Notification in Case of Death or Loss of a Juristic Person’s Status of the Person Receiving a Certificate of Notification or the Person Receiving a License

in accordance with the Ministerial Regulation on the Notification in Case of Death or Loss of a Juristic Person’s Status of the Person Receiving a Certificate of Notification or the Person Receiving a License B.E. 2562 (2019)

Person receiving a certificate of notification or person receiving a license	(Mark <input checked="" type="checkbox"/> in <input type="checkbox"/> in front of the required statement) <input type="checkbox"/> Natural person Name-Surname, aged years, Nationality, received <input type="checkbox"/> Certificate of Notification No. Date of Expiry <input type="checkbox"/> License No. Date of Expiry in <input type="checkbox"/> production <input type="checkbox"/> import <input type="checkbox"/> export <input type="checkbox"/> sale <input type="checkbox"/> transit <input type="checkbox"/> possession of pathogens/animal toxins
	<input type="checkbox"/> Juristic Person in type of Name received <input type="checkbox"/> Certificate of Notification No. Date of Expiry <input type="checkbox"/> License No. Date of Expiry in <input type="checkbox"/> production <input type="checkbox"/> import <input type="checkbox"/> export <input type="checkbox"/> sale <input type="checkbox"/> transit <input type="checkbox"/> possession of pathogens/animal toxins
Notifier	In the case of natural person <input type="checkbox"/> Heir’s Name-Surname, having the relationship with the person receiving a certificate of notification/the person receiving a license as <input type="checkbox"/> Administrator’s Name-Surname, having the relationship with the person receiving a certificate of notification/the person receiving a license as <input type="checkbox"/> Operator’s Name-Surname <input type="checkbox"/> Operation Personnel’s Name-Surname
	In the case of juristic person <input type="checkbox"/> Liquidator’s Name-Surname <input type="checkbox"/> Operator’s Name-Surname <input type="checkbox"/> Operation Personnel’s Name-Surname
In case of no intention to continue the operation	has already terminated the <input type="checkbox"/> production <input type="checkbox"/> import <input type="checkbox"/> export <input type="checkbox"/> sale <input type="checkbox"/> transit <input type="checkbox"/> possession of pathogens/animal toxins
	Destruction/handover of the remaining pathogens and/or animal toxins pursuant to Section 35 <input type="checkbox"/> In case of destruction I destroyed the remaining <input type="checkbox"/> pathogens for items (attached with the document showing the particulars) <input type="checkbox"/> animal toxins for items (attached with the document showing the particulars) by means of <input type="checkbox"/> use of chemical <input type="checkbox"/> destruction by steam <input type="checkbox"/> destruction by heat <input type="checkbox"/> destruction by combustion <input type="checkbox"/> others (specify)

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Form of Notification in Case of Death or Loss of a Juristic Person’s Status of the Person Receiving a Certificate of Notification or the Person Receiving a License

in accordance with the Ministerial Regulation on the Notification in Case of Death or Loss of a Juristic Person’s Status of the Person Receiving a Certificate of Notification or the Person Receiving a License B.E. 2562 (2019)

	<p>I inspected an inactivation after destruction of pathogens/animal toxins by the following means: </p> <p>The inspection has been completed on Date Month Year, and simultaneously enclose the evidence of the record of inspection and assessment on inactivation and destruction of pathogens or animal toxins in accordance with the Notification of the Ministry of Public Health Re: Transportation, Handover, Destruction, and Inactivation of Pathogens or Animal Toxins B.E. 2561 (2018) in Chapter 3, Clause 12 (5).</p> <p><u>Remark</u> In the case of the operation with Group 3 Pathogens or Group 2 Animal Toxins, the person receiving a license shall destroy pathogens or animal toxins under the control of the competent official.</p> <p><input type="checkbox"/> In the case of Transfer</p> <p>I Transfer the remaining <input type="checkbox"/> pathogens for items (attached with the document showing the particulars)</p> <p><input type="checkbox"/> animal toxins for items (attached with the document showing the particulars)</p> <p>to <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss as the juristic person’s representative named and received <input type="checkbox"/> Certificate of Notification No. Date of Expiry <input type="checkbox"/> License No. Date of Expiry</p>
<p>In case of intention to continue the operation</p>	<p>has already discontinued the <input type="checkbox"/> production <input type="checkbox"/> import <input type="checkbox"/> export <input type="checkbox"/> sale <input type="checkbox"/> transit <input type="checkbox"/> possession of pathogens/animal toxins.</p> <p>Continuous operation</p> <p><input type="checkbox"/> Apply for receiving a certificate of notification</p> <p><input type="checkbox"/> Apply for receiving a license</p>

I hereby certify that the above details are true in all respects and the related documents are the true originals or the proper copies.

Signed Notifier
(.....)
Position
...../...../.....