COSMETICS

MANUAL FOR NOTIFICATION OF
CONTROLLED COSMETIC

FOOD AND DRUG ADMINISTRATION
MINISTRY OF PUBLIC HEALTH
Nonthaburi Province
Controlled Cosmetic Product Notification

1. Basic Information
   1.1 “Cosmetics” means
      1.1.1 a substance intentionally used by applying, rubbing, massaging, sprinkling, spraying, dropping, putting on, treating with smoke, or taking any action to any part of body for cleanliness, beauty, or nourishment for beauty, including make-up materials, but excluding ornaments and clothing which are deemed as materials externally used.
      1.1.2 a substance specifically used for a ingredient of cosmetics production, or
      1.1.3 other substance specified by the ministerial regulations as cosmetics.

   1.2 Production means to do, mix, transform, process, compound, load, or change a container.

   1.3 Import means to take or order into the Kingdom of Thailand.

   1.4 Loading means a process of dividing and loading and of packaging cosmetics into a labeled container or a container, which must be labeled before selling.

   1.5 Gathering and loading means a process of sealing a label on a cosmetics packaging and/or gathering a set of cosmetics which have already been labeled or must be labeled before selling.

   1.6 Selling means to sell, distribute, or exchange for trading benefit, including possessing for sell.

   1.7 Container means any object specifically used for loading or packaging cosmetics.

   1.8 Label means picture, invented mark, or any message concerning cosmetics which is shown at cosmetics containers or packages or inserted or included together with cosmetics, containers, and packages, as well as, documents or supplementary guidebook.

   1.9 Controlled Cosmetics means cosmetics which manufacturers and importers are required to notify details of controlled cosmetics and to pay annual fee before producing or importing such controlled cosmetics.

   1.10 Controlled Cosmetic Product Notification means a submission of a notification form for producing or importing controlled cosmetics (Jor.Kor. Form), which the form is completed with details, to the officer, as well as a annual fee payment before producing for sale or importing for sale at Food and Drug Administration, Ministry of Public Health, or Office of Local Public Health where the office of manufacturer or importer is located.
2. Procedures on Notification of Controlled Cosmetic

2.1 Request for certifying stamp on Power of Attorney and issuance of operator’s identification number (in case of new operator or when detail is changed only).

2.2 Notify details of cosmetics products
   - Examine ingredients of cosmetics to be in accordance with law.
   - Implement the Good Manufacturing Practice (GMP).

2.3 Pay annual fee and continue to pay such fee annually.

2.4 Provide a completed label in Thai language as specified by law and seal it on package/container before selling.

2.5 Provide a Product Information File (PIF) which means information on all cosmetics production procedures such as qualification of raw materials, safety of products and each type of substances which are used in production, formula of cosmetics ingredient, and evidences referred to cosmetics property. In addition, the completed file of information and shall be kept at the cosmetics premise and shall submit to the officer when being requested.

3. Applying for Certifying Stamp on Power of Attorney (In case of new operator or expiration of Power of Attorney)

3.1 Flow Chart shows a procedure on applying for certifying stamp on Power of Attorney
3.2 Procedures on Submission of Application

An applicant can submit the application as in 3.3 at One Stop Service Center (OSSC), Food and Drug Administration, or at Office of Local Public Health where the office of manufacturer or importer is located. The procedures are as follows:

3.2.1 Get a queuing card.
3.2.2 Submit the application.
3.2.3 Wait for consideration of the officer.
   - In case the application is incorrect or incomplete which can be corrected immediately, the officer shall call and notify such incorrect item. After finishing correcting, follow item 3.2.1 again. If the application cannot be corrected, sign for receiving the return of the applications.
   - In case the application is complete, receive a return of approved documents and evidences.

3.3 Documentary Evidences Supporting a Request for Certifying Stamp on Power of Attorney

3.3.1 A set of Power of Attorney (F-C2-31 Form) which identifies the following items.
   - **Written at** – Identify the name of business workplace.
   - **Date** – Identify date of granting a power.
   - **I** – Identify the name of person and business name in case of ordinary person, or, identify the name of juristic person in case of juristic person.
   - **Office’s address** – Identify the address as shown in a certificate of registration issued by the Ministry of Commerce or as indicated in a certificate of commercial registration or as shown by the fact (as the case may be).
   - **By** – Identify a name and family’s name of a person (in case of ordinary person) or a name and family’s name of directors in the full number of directors who are authorized to manage on behalf of the juristic person as indicated in the certificate of registration (in case of juristic person) which may be more than one person.
   - **Of Ministry of Commerce No….dated….** - Identify as shown by the fact which is in the certificate of registration (only a juristic person, an ordinary person is not required to identify).
   - **Shall grant the power to** - Identify a name and family’s name whom is granted a power to be a business operator.
   - **And shall grant the power to** - Identify a name and family’s name whom is granted a power to be an applicant.
   - **Effective from** – Identify the effective date.
   - **Until** – Identify the expiry date of Power of Attorney which should not be over 1 year.
   - Every principal, attorney, and two witnesses shall affix their signature in the provided boxes and identify their own full name in the provided parenthesis.
   - **Affix the stamp duty of 30 baht in the Power of Attorney.**

3.3.2 A copy of certificate of registration of a juristic person issued by the Ministry of Commerce or certificate of commercial registration (as the case may be) with signature of certification.
3.3.3 A copy of identification card or a copy of passport (in case of alien) and a copy of house registration certificate of every principal and attorney with signature for certifying such copies.

3.3.4 A copy of alien business license or a certificate of alien business (in case that an alien whom is not a director is granted a power to be an operator) with signature of certification.

4. Request for Operator’s identification number (only the case of new operator who conducts the first submission)

4.1 Flow chart shows a procedure on submission of application for operator’s identification number.
4.2 Procedures on Submission of Application

An applicant can submit the application as in 4.3 at One Stop Service Center (OSSC), Food and Drug Administration, or at Office of Local Public Health where the office of manufacturer or importer is located. The procedures are as follows:

4.2.1 Get a queuing card.
4.2.2 Submit the application.
4.2.3 Wait for consideration of the officer.

- In case the application is incorrect or incomplete which can be corrected immediately, the officer shall call and notify such incorrect item. After finishing correcting, follow item 4.2.1 again. If the application can not be corrected, sign for receiving the return of the application.
- In case the application is complete, receive the attachment notifying the undertaking cosmetics business which identifies the operator’s identification number in order to fill this number for notifying details of controlled cosmetics every time.

4.3 Documentary Evidences Supporting an Application for Operator’s identification number

4.3.1 A set of two-page application for operator’s identification number (Document No.2). On page 1, identify the following items.
- Both Thai and English name of an operator. Identify the name of business owner or authorized managing director.
- Both Thai and English business name. Identify the name of cosmetics business workplace.
- List of attachments to the application (which are required to submit.)
- Required general documents are “a copy of tax identification card”, “a copy of house registration certificate”, and “Power of Attorney”.
- In case of a juristic person, mark ✓ in the box □ in front of the wording indicating each type of juristic persons relating to you which are
  - Certificate of registration of a juristic person (public company limited)
  - Certificate of registration of a juristic person (company limited)
  - Certificate of registration of a juristic person (limited partnership)
  - Certificate of registration of a juristic person (ordinary partnership)
  - Certificate of cooperative registration
- In case of alien, mark ✓ in the box □ in front of the phrase indicating “in case of alien” and deliver a document of Copy of Passport.
- In case of ordinary person or group of persons, mark ✓ in the box □ in front of the phrase indicating “in case of ordinary person or group of persons” and submit the documents of “a copy of identification card”, “a copy of house registration certificate”, “a copy of certificate of commercial registration (in case of registration)”, and “a copy of letter establishing group of persons (in case of establishment).
4.3.2 Identify the following items in page 2 of the application for operator’s identification number.

- **Type of place** – mark ✓ in the box □ in front of any or all phrases (in case that the place is located in the same site).
- **Location: house code** – Identify the house code as shown in the copy of house registration certificate.
- **Address** – Identify Moo, Soi (Alley), etc, and other details clearly together zip code.
- **Telephone No.** – Identify telephone number of the workplace.
- **Fax No.** – Identify facsimile number of the workplace.
- **Branch No.** – Identify branch number (in case there are many branches)

- In case the office and place for manufacturing/ importing/ distributing or warehouse are separate, identify additional details of the address in the next box for every office or place.

4.3.3 A copy of tax identification card of the company
4.3.4 A copy of workplace registration certificate
4.3.5 A copy of Power of Attorney certified by the officer only the front page

4.3.6 A copy of certificate of registration of juristic person issued by Ministry of Commerce (in case of juristic person)
4.3.7 A copy of Passport (in case of alien)
4.3.8 A copy of identification card (in case of ordinary person)
4.3.9 A map of cosmetics business workplace.
4.3.10 Other relevant documents such as a letter of body of persons certificate (in case of a body of persons)

**Remark**
To fill the information in the document, typing is preferred but if the applicant write it instead, please write clearly and neatly and certify every copy of documents.
5. Controlled Cosmetics Notification

5.1 Flow chart shows the procedures on notifying details of controlled cosmetics.

1. Fill in the Form and Arrange Documents.
   - Get a queuing card.
   - Submit the application.
   - Wait for consideration.
   - Correct as recommended by the officer.
      - Pay an annual fee (in case of 1st submission).
      - Receive the Controlled Cosmetic Notification.
      - Check the Controlled Cosmetic Notification.
      - Sign for receiving F-C2-1 Form.
      - Keep F-C2-1 Form in the file.
      - Finish.

2. Unnotified.
   - Sign and accept the return of the application and F-C2-1 Form.
   - Receive the return of application and supporting documents.
   - Notify the officer for correction.

Completed documents

Incorrect

Unnotified.

Correct as recommended by the officer.

Correct

Notified.

Receive the return of application and supporting documents.

Incorrect

Receive the return of application and supporting documents.

Previous Case

Receive the Controlled Cosmetic Notification.
5.2 Procedures on Submission of Application

An applicant can submit the application as in 5.3 at One Stop Service Center (OSSC), Food and Drug Administration, or at Office of Local Public Health where the office of manufacturer or importer is located. The procedures are as follows:

5.2.1 Get a queuing card.
5.2.2 Submit the application.
5.2.3 Wait for the result of consideration.
   - If the result is notified, proceed under Item 5.2.4.
   - If the result is notified with condition, proceed under Item 5.2.6
5.2.6
   - If the supporting documents are not complete or incorrect, proceed under Item 5.2.7
   - If the result is unnotified, proceed under Item 5.2.7
5.2.4 In case of the new operator who conducts the first submission, prior pay annual fee and then show the evidence of payment to the officer.
5.2.5 Check the correctness of the Controlled Cosmetic Notification.
   - If it is correct, sign the applicant’s name and receiving date in Part 6 of F-C2-1 Form by marking ✓ in the box ☐ in front of the phrase “receiving notifying form/license”.
   - If it is incorrect, notify the officer for correction.
5.2.6 Acknowledge the resolution. After correction according to the condition, proceed under Item 5.2.1 again.
5.2.7 Sign the name and date by marking ✓ in the box ☐ in front of the phrase “receiving the return of application and documents”. Then, correct it as recommended by the officer. After the correction is complete, proceed under Item 5.2.1 again.

5.3 Documentary Evidences Supporting an Application Notifying Controlled Cosmetic

5.3.1 Identify the following details in F – C2 – 1 Form (Document No.3).

5.3.1.1 A request of
   - Identify the name of an applicant.
   - In case of ordinary person, identify the name of applicant and name of shop (if any).
   - In case of juristic person, identify the name of juristic person such as company or limited partnership, as the case may be.
5.3.1.2 Identification No. – Identify the operator’s identification number, which is received under the procedure of 4.2.3.
5.3.1.3 Name of product – Identify the name of cosmetics to be applied for permission.
5.3.1.4 Type – Identify the type of cosmetics to be applied for permission such as Sunblock.
5.3.1.5 Name of manufacturer – Identify the production site in Thai or English (in case of Importation) language in a capital letter as shown by the fact.
5.3.1.6 Country of manufacturer – Identify the country of cosmetic manufacturer in common language in Thai or English language in a capital letter.
5.3.1.7 **Type of application** – mark ✓ in the box □ in front of the phrase of “Jor.Khor. Form”.

5.3.2 Identify the following details in F – C2 – 2 Form (Document No.4).

5.3.2.1 **My name is** – Identify the applicant’s name and mark ✓ in the box □ in front of the word of “own” or “is authorized”, as the case may be.

5.3.2.2 **Business name** – Identify the name of workplace requesting for permission and mark ✓ in the box □ in front of the word “produce” or “import” as shown by the fact.

5.3.2.3 **Name of product** – Identify the name of cosmetics to be applied for permission.

5.3.2.4 **Type of application** – mark ✓ in the box □ in front of the phrase of “1. Controlled Cosmetics Notification”.

5.3.2.5 **Signature** – Sign the actual name of applicant.

5.3.2.6 **Date** – Actual date, month, and year of submission.

5.3.3 Identify the following details in **Template for Notification of Cosmetic Product (Jor.Khor.Form)** 2 sets (Document No.5).

5.3.3.1 **Trade name and cosmetic name**

5.3.3.1.1 **Trade name** - Identify trademark or symbol to be used with goods, any mark which is protected by Trademark Act (No.2) B.E.2534 (1991) such as Lancome, Clinique, Cussion, Sunsilk, Thasai, Supaporn, etc.

5.3.3.1.2 **Name of cosmetic** – Identify the name of cosmetic, which is clearly shown on the label of product. It may be name of series, name of product such as Botanics lip liner, Aster hair treatment oil type, Vanfah moisturized shampoo mixed with soap-berry.

**Notification of details of product’s name** can be divided into each case as follows:

a. **Single product’s name** - Identify the name of cosmetic as shown on the label.

b. **Cosmetic product with several colored shades/flavours** means products, which contain mixed ingredients and have the same purpose of usage containing in separate packaging. – **Identify the main name of product.** And fill the name of several colored shades/ flavours in the next box or attach the document.

c. **The same type of products having several colored shades and containing in the same tray which cannot sell separately** – Identify the key name of product such as Pretty Eyes Make-up Set, Sodsai Lipstick Kitty Set.

d. **Several types of product containing in the same tray which cannot sell separately loaded in the same package**- Identify the key name of product loaded in the same package

e. **A set of products consisting of same single product loaded in the same package** – Identify the key name of products and notifies the name of all cosmetic products contained in the set.
f. **A set of products consisting of several single products loaded in the same package** – Identify the key name of products and notify the name of all cosmetics product contained in the set such as a set of hair care consisting of 1) shampoo, 2) conditioner, and 3) nourishing oil.

5.3.3.1.3 **List of products having several colors/scents** – Identify the name of colored shade or scent of products. In case the product is in the same type, the same trade name and the same name of product with different colored shade name or scent name such as Sunsilk soap with rose scent, jasmine scent, ylang-ylang scent, fill the information in this space as follows:

- Scent of rose, jasmine, ylang-ylang

5.3.3.2 **Type of products** – Identify the description of products as shown by the fact by examining from the Data Dictionary prepared by Cosmetic Controlled Division.

**Sample of type of cosmetics products**

a. **Hair products e.g.**
   - Hair coloring/bleaching
   - Hair perm/ straightening
   - Hair setting/ styling
   - Hair cleansing (shampoo)
   - Hair treating/nourishing
   - Tonic for hair skin, etc.

b. **Facial/oral products**
   - Product for facial cleansing/ facial masking product/ cleansing product for round eyes
   - Nourishing product for face/ round eyes
   - Product applying before makeup/ sun protection product
   - Makeup product for face/ round eyes/ eye-lid/ eyebrows
   - Product for before/after shaving
   - Product for lip (nourishing/ coloring)
   - Product for teeth and oral care (toothpaste/ gargle/ mouth washing spray)
   - Product for wrinkle lifted, etc.

c. **Body products**
   - Soap/ deodorized soap/ liquid soap
   - Product for body washing (salt, foam, oil, gel, etc.)
   - Body powder
   - Sanitization powder such as body powder/ foot deodorized product/ powder for hidden area/ powder for body styling, etc.
   - Product for cleansing intimate area ,external use
   - Depilatory hair product.
• Product for deodorizing body odor and anti-perspirant
• Product for nail decoration and care (nail coloring/nourishing/artificial nail)
• Product for sun bath/sun protection
• Product for sun tanning
• Product for naturally whitening skin
• Parfum, Eau de Toilette, Cologne, Stick Perfume, etc.
• Product for breast applying
• Nourishing product (hand/body/foot/leg/etc)
• Body painting product etc

5.3.3.3 Purpose of Usage – Identify actual indications, functions, and benefits of product, which does not mean methods of usage such as

- Use for cleansing/nourishing hair.
- For brushing cheek.
- Lotion applying/nourishing skin before makeup.
- For cleaning edge of nails before wearing artificial nails.
- Moisturizing and nourishing hand/facial skin.
- Depilating armpit/leg/arm hair.
- Applying for tanning skin without taking sunbath.
- For volumizing/wavy hair

5.3.3.4 Pattern of cosmetics products – Identify by marking ✓ at the selected item as the fact is provided.

Single product – Fill this item in case product’s name, qualification, and instruction are different from other pattern.

A range of product in composition for the same use but differs in colours, flavours – Fill this item in case product’s name, main ingredient, and method are the same, but there are several colors/flavours with separate loading.

Palettes in a range of one product type – Fill this item in case one package consists of the same products in a set.

Palettes in a range of many product types – Fill this item in case that one tray consists of different products with different colors, but packed in the same set.

Combination of one product type in a single kit – Fill this item in case that one package consists of the same single product loaded in the same set.

Combination of many products types in a single kit – Fill this item in case one package consists of different products with different usage in a set.

Others (Please identify) – Fill this item in case the product does not fall in any item as mentioned above by identifying as shown by the fact.
5.3.3.5 **Particulars of manufacturer/ importer/ assembler**
– Identify as shown by the fact.

**Name of manufacturer** – Identify the name of operator who is responsible for operating, mixing, transforming, processing, making, loading, or changing cosmetics containers.

**Production site** – Identify the location of the office as the juristic person registered or actual address of production site and identify the country in case of importing cosmetics in the Kingdom of Thailand.

**Name of assembler** – Identify by marking ✓ at the desired item and can select more than 1 item.

- **Primary assembler** – Fill this item in case that the employed operator under the process of dividing and loading cosmetics in a labeled container or a container which must be labeled before selling.

- **Secondary assembler** – Fill this item in case the operator gathers and loads processed and labeled cosmetics in the same labeled containers or a container which must be labeled before selling.

**Address of assembler** – Identify the address of workplace of the office as the juristic person has registered or actual address as well as identify the country.

**Name of importer** – Identify in case it is a cosmetics import in the Kingdom of Thailand for selling, distributing, and giving.

**Office** – Identify the address of company’s office as registered.

5.3.3.6 **Particulars of company responsible for placing the cosmetic product in the market**

**Legal name of in-charge business workplace** – Identify
Name of producing company (in case of production in domestic)
Name of importing company (in case of importing cosmetics to the Kingdom of Thailand)

**Registration No./ Commercial Certificate No.** – Identify the registration number as shown in the commercial certificate or juristic person registration certificate and attach a copy of commercial certificate or a copy of juristic person registration certificate.

**Address of business office** – Identify the address of producing company (in case of production in domestic) or address of importing office (in case of importing cosmetics in the Kingdom of Thailand).
Particulars of person representing the company for placing the cosmetic product in the market

- Identify the name of operator(s) and the position in the mentioned business (such as business operator, managing director) according to the latest Power of Attorney and identify telephone number and e-mail address.

5.3.3.7 List of substances used for ingredients in cosmetics product

a. Notify the name of chemicals which are ingredients of all original formulas by using the name as specified by INCI (International Nomenclature of Chemical Ingredient) or the name accepted under referring standard documents and identify CAS NUMBER.

b. Notify quantity of substance in percentage by notifying the quantity of substances controlled by law with conditions of usage. The details are provided in the document named List of Substances Specifically Used with Conditions and Specified Quantity Only. Such substance, an ingredient in the cosmetics products, shall not contain any ingredient prohibited to use. The details are shown in the document named List of Prohibited Substances. The preservatives to be used in cosmetic shall be a substance approved under the Notification of Ministry of Public Health regarding Identification of Preservatives which may be an Ingredient in Cosmetics. The color shall be used as approved in the document named List of Colors to Be Used in Cosmetics. In case of sun protection product, the substance for sun protection shall be approved under the Notification of Ministry of Public Health regarding Sun Protection Cosmetics Products. The notification of every substance in the formula is acceptable.

c. Formula of ingredients notifying in the Template for Notification of Cosmetic Product (Jor.Khor.Form) with public sector shall be as same as the label and producing evidence which the company or person(s) who is in charge of products has gathered in the file of product information.

d. In case the substance is plant or herbal, substance refrain from herbal – Identify called name or scientific name by identifying family name such as
   - Pine oil: *Pinus spp.*
   - Clove oil: *Syzygium aromaticum*
   - Cassia oil: *Cinnamomum cassia*
   - Soap-berry: *Sapindus margaritatus vasi*

e. In case of using any substance identifying that its calculation in the form of acid/alkali of such substance or metal specified by law, the calculation shall be in compliance with specified law. For example,

   1) Thioglycolic acid and its salts – The law allows its usage for not over 11%. The calculation is in the form of thioglycolic acid.

Sample of Calculation  Perm solution contains 8.7% of Ammonium thioglycolate. How many percentage of Thioglycolic acid?
Molecular weight of Ammonium thioglycolate 109 g.
Molecular weight of Thioglycolic acid 92 g.
Ammonium thioglycolate of 109 g. contains Thioglycolic acid. of 92 g
“------------------------8.7%----------------” (92/109) x 8.7%
Quantity of Thioglycolic acid equals to 7.34%

2) Ammonium monofluorophosphate is allowed to use for not over 0.11%. The calculation is in the form of Active Fluoride Ion

Sample of Calculation A brand of toothpaste contains 0.24% Sodium Fluoride. How many PPM of Active Fluoride Ion?

- Molecular weight of Sodium Fluoride 42 g.
- Molecular weight of Fluoride Ion 19 g.
- Sodium Fluoride of 42 g. contains Fluoride Ion of 19 g
“----------------------------0.24%-----------------------------“ (19/42) x 0.24 = 0.11%
Quantity of Active Fluoride Ion = 0.11/100 x 10,000/10,000 = 1,100/1,000,000 = 1,100 PPM (1,100 of 1,000,000)

5.3.3.8 Declaration – Please read all messages and proceed as indicated in the declaration and please sign the name and family name and stamp the company’s seal and identify signing date as specified in the condition.

5.3.4 A set of evidence showing annual fee payment in case of new operator, take action under Item 5.3.6.
- 5.3.4.1 A copy of Order for Annual Fee Payment (Document No.4)
- 5.3.4.2 A copy of Receipt of Annual Fee Payment (Document No.5)

5.3.5 Evidence of authorized person – Attach a copy of Power of Attorney approved by the officer and the Power of Attorney is still valid (one year from the stamp date or as identified in the Power of Attorney).

5.3.6 In case of a new operator, the documents concerning workplace shall be attached for proper consideration as follows:

- 5.3.6.1 An application for annual fee payment (for 1st submission), ThorSor.1 Form (Document No.8) with identifying and marking ✓ in [ ] in front of the phrase of “annual fee payment (for 1st submission)”.

- Written at – Identify the actual place where writing the application.

- I – Identify first name and family name of an applicant in case of ordinary person and mark ✓ in [ ] in front of the words of “ordinary person” or the name of juristic person in case of juristic person and ✓ in [ ] in front of the words of “juristic person”.

- Mark ✓ in [ ] in front of the phrase of “request for annual fee payment ("for 1st submission").

- Mark ✓ in [ ] in front of the phrase of “1,000 baht for production of controlled cosmetics” or “2,000 baht for import of controlled cosmetics” as shown by the fact.

- For workplace, mark ✓ in [ ] in front of the words of “production” or “import” as shown by the fact.

- Production/import place – Cross unwanted words and identify name, address of production/import place as shown by the fact.

- Storage place – Identify number and address of warehouse.

- Signature – Sign the name of business operator (by crossing the word of “authorized person”) or the name of authorized person (by crossing the word of “business operator”) as the case may be. In addition, identify the title in ( ) with clear and neat handwriting.

6. Sample of Documents

6.1 Power of Attorney (F – C2 – 31 Form) (Document No.1)
6.2 Application for operator’s identification number (Document No.2)
6.3 F – C2 – 1 Form (Document No.3), F – C2 – 2 (Document No.4)
6.4 Template for Notification of Cosmetic Product (Jor.Khor. Form) (Document No.5)
6.5 Evidence showing annual fee payment (Document No.6-7)
6.6 ThorSor. 1 Form (in case of new operator) (Document No.9)
6.7 Outline map showing location and neighboring areas (Document No.10)
6.8 Blueprint showing arrangement of production/import place and warehouse of controlled cosmetic (Document No.11)

7. Duration of Procedure = 3 Days

8. Contact Place (for follow-up, additional information)

One Stop Service Center
Cosmetic Controlled Division
Bureau of Cosmetic and Hazardous Substances Control
Food and Drug Administration

Inquiry Tel. 0-2590-7441
Follow-up the application Tel. 0-2590-742-3

Or

Contact at the Office of Local Public Health where the office of manufacturer or importer is located.
Power of Attorney

Written at Suksumang Co., Ltd.
Date 5th January 2008

According to this Power of Attorney, I, (name of ordinary person or juristic person)
Suksumang Co., Ltd., residing at 1 Trok/Soi Bumratnarakul Hospital Road,
Tawanon Moo - Tumbon/Sub-district Taladkwan
Amphur/District Muang Province Nonthaburi,
having Mr. Pradang Jai-ngam and Mr. Raden Lundai
Who is authorized on behalf of person or juristic person as indicated in the certificate
of commercial registration and/or commercial registration or certificate of juristic person
registration issued by Ministry of Commerce
No. 123454321111
dated on 12th December 2007,
hereby constitute and appoint Mr. Raden Lundai to be a business operator and grant the
power to Mr. Raden Lundai to be my agent to conduct the submission of applications for
production/import of cosmetics as well as to proceed any documentary correction and
amendment, acknowledgement of authority’s order, and to conduct any related action until
the action is fulfilled.

Any and all acts made, executed, or carried out by the agent or successor agent on my
behalf pursuant to the abovementioned power shall be my responsibility and bound. This
Power of Attorney shall grant the power to conduct the abovementioned actions, effective
from 5th January 2008.

Signature……Pradang Jai-ngam….. Principal
(Mr. Pradang Jai-ngam)
Signature….. Raden Lundai …….. Principal
( Mr. Raden Lundai )
Signature……Raden Lundai……….. Attorney
( Mr. Raden Lundai )
Signature…………………………….. Attorney
( )
Signature…….Kaewsai Borisut……….. Witness
(Ms. Kaewsai Borisut)
Signature…..Somsak Rugwong………. Witness
(Mr. Somsak Rugwong)

Remark: Please attaches the following evidences.
1. A copy of identification card and a copy of house registration certificate of Principal
and Attorney
2. A copy of commercial registration and/or certificate of commercial registration (in case of
ordinary person)
3. A copy of the latest certificate of juristic person registration (in case of juristic person)

The Power of Attorney is valid for 1 year from the date of receiving power.
Application for Operator’s Identification Number

Identification No.: [ ] (For official only)

1 Name of Operator (Thai): นายประแดง ใจงาม และนายระเด่น ลันได
(English): MR. PRADANG JAI-NGAM and MR. RADEN LUNDAI

2 Business Name (Thai): บริษัท สุขสําอาง จํากัด
(English): SUKSAMANG COMPANY LIMITED

3 List of Attachments to Application

3.1 General documents
☑ Copy of tax identification card
☑ Application form identifying location
☑ Copy of house registration under the application form identifying location
☑ Power of Attorney
☑ Map of cosmetics business workplace

3.2 In case of Juristic Person
☐ Certificate of registration of a juristic person (public company limited)
☑ Certificate of registration of a juristic person (company limited)
☐ Certificate of registration of a juristic person (limited partnership)
☐ Certificate of cooperative registration
☐ Certificate of registration of a juristic person (ordinary partnership)

3.3 In case of Alien
☐ Copy of Passport

3.4 In case of ordinary person or group of person
☐ Copy of identification card
☐ Certificate of commercial registration

3.5 A map of cosmetics business workplace

Signature...........Raden Lundai......
( Mr. Raden Lundai )

Dated.............5th January 2008........
<table>
<thead>
<tr>
<th>Operator’s I.D. No.: [ ] (For official only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>No.----------------------------------------</td>
</tr>
<tr>
<td>Moo.-Soi_Bumratnaradul Hospital-------------</td>
</tr>
<tr>
<td>Road----------------------------------------</td>
</tr>
<tr>
<td>Sub-district/Tumbon_Taladkwan---------------</td>
</tr>
<tr>
<td>District/Amphur_Muang-----------------------</td>
</tr>
<tr>
<td>Province_Nonthaburi_Zip Code_11000---------</td>
</tr>
</tbody>
</table>
| Telephone No...02-599 9900..................
| Fax No...02-599 9901...........................
| Branch No...1..................................|
| Type of Place                              |
| ☑ Office                                   |
| ☑ Production/Import/Distribution            |
| ☑ Warehouse                                |

| Address:                                   |
| No.----------------------------------------|
| Moo.-Soi_Road_Sub-district/Tumbon_District/Amphur_Province_Zip Code_Telephone No. Fax No. Branch No. Type of Place |
| ☑ Office                                   |
| ☑ Production/Import/Distribution            |
| ☑ Warehouse                                |
MEMORANDUM

Official Unit: Cosmetic Controlled Division, Bureau of Cosmetic and Hazardous Substances Control Tel: 0-2590-7422

Subject: A Request of Suksamang Co., Ltd.
Identification No. 50826

Name of Product: ABC SUNSCREEN CREAM
Type: Sun Protection Cream
Name of Manufacturer: APPLE Inc.
Country of Manufacturer: United States of America

Type of Application:
- ☑ Jor.Khor. Form
- ☐ CFS
- ☐ ThorSor. 1
- ☐ CPO
- ☐ Specific submission
- ☐ COM
- ☐ Label/Advertisement
- ☐ CBSE
- ☐ Substitution Form
- ☐ Others

CONTROL SHEET

Part 1: Record of Receiving Number
Receiving No…………………………
Signature……………………….Recorder
Date………./……../……………….

Part 2: Consideration
The consideration result according to examination sheet for details of application
Jor.Khor. Form ☐ Approved ☐ Unapproved
Other applications ☐ Correct ☐ Incorrect
☐ Wait for discussion meeting.
Signature…………….Officer Date…./……../…..

Part 3: Only Working Meeting
No………. Date……../……../………..
Resolution ☐ Approved
- ☐ Correct before approval
- ☐ Unapproved
In case of correction before approval
- ☐ Notify an application……../……/…..
- ☐ Already corrected on……../……/…..
- ☐ Did not correct within specified time.

Part 4: Form/ Letter/ License
1. Number of form/letter/license………..
2. Stored and printed by……………………
3. Use Thai FDA A4 No…………………

Part 5: Permission
Dear Chief of Pre-marketing Group
Please sign ☐ Approved
- ☐ Unapproved
☐ Notifying form ☑ present to
Signature……………………
Considering Officer
Date……../……/…..

Part 6: Receiving Return of Application/Form/ License
☐ Return of application and documents.
☐ Return a sample of product………piece.
☐ Return of form/ license
Signature…………………….Applicant Date……../…..

Remark: …1st Step……Time…………Min……
……2nd Step……Time…………Min……
……3rd Step……Time…………Min……

-Signed-
…….…………

Cosmetic Controlled Division 19

Document No.3
1. My name is Mr. Raden Lundai. Owner
2. Business name Suksamang Co., Ltd. Produce
3. Name of product ABC Sunscreen Cream. With product sample piece(s) (if any)

4. Type of Application
   - ☑ 1. Application for notifying detail of controlled cosmetic
   - ☐ 2. Annual fee payment form (Controlled Cosmetics)
   - ☐ 3. Application for changing name or office address of controlled cosmetics
   - ☐ 4. Application for a substitution of Controlled Cosmetic Notification
   - ☐ 5. Application for specific importing
   - ☐ 6. Application requesting for opinion on usage of cosmetics label
   - ☐ 7. Application requesting for opinion on wordings of advertising cosmetics.
   - ☐ 8. Application for Certificate of Free Sale
   - ☐ 10. Application for Certificate of Manufacturer
   - ☐ 11. Application for Certificate of Bovine Spongiform Encephalopathy

5. Details of supporting attachments for consideration in each scope is provided in the back side of this document and please proceed the following.
   5.1 **Arrange documents in order as specified in the Attachment**
   5.2 Mark ✓ in ☐ of items which the documents are delivered.
   5.3 Every copy of documents shall certify for correctness with first name and family name neatly.

   Signature… Raden Lundai ……Applicant
   …….. 5\textsuperscript{th} January 2008…..

---

**For Official Use (in case of return the application only)**

Check the application ☐☐ Check place

The application is returned because…………………..

The application has already been checked.

Signature……………………………………Considering Officer
Date…………………………………………

F-C2-2 (2-1/01/51)  Page 1/2
<table>
<thead>
<tr>
<th>Application</th>
<th>Officer</th>
<th>Application</th>
<th>Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Notification of Detail of Controlled Cosmetic</td>
<td>☐</td>
<td>9. Certificate of Free Sale (CFS)</td>
<td>☐</td>
</tr>
<tr>
<td>1. Sor Or Khor 1.2 Form and Attachment</td>
<td>☐</td>
<td>1. Application</td>
<td>☐</td>
</tr>
<tr>
<td>2. Jor Khor Form 2 copies</td>
<td>☐</td>
<td>2. Copy of Controlled Cosmetic Notification (if any)</td>
<td>☐</td>
</tr>
<tr>
<td>3. Copy of formula 2 copies</td>
<td>☐</td>
<td>3. Local label and exporting label (if any)</td>
<td>☐</td>
</tr>
<tr>
<td>4. letter of recommendation From 2 copies</td>
<td>☐</td>
<td>4. Analysis result (if any)</td>
<td>☐</td>
</tr>
<tr>
<td>5. Copy of Power of Attorney (certified by officer)</td>
<td>☐</td>
<td>5. Copy of Power of Attorney (certified by officer)</td>
<td>☐</td>
</tr>
<tr>
<td>6. Copy Previous receipt of annual fee payment</td>
<td>☐</td>
<td>6. Map of production site and pictures of inside the production site</td>
<td>☐</td>
</tr>
<tr>
<td>7. Copy Order for Cosmetics Annual Fee Payment</td>
<td>☐</td>
<td>10. Certificate of Product Origin (COP)</td>
<td>☐</td>
</tr>
<tr>
<td>2. In case of new operator</td>
<td>☐</td>
<td>1. Application</td>
<td>☐</td>
</tr>
<tr>
<td>1. Application</td>
<td>☐</td>
<td>2. Copy of Controlled Cosmetic Notification (if any)</td>
<td>☐</td>
</tr>
<tr>
<td>1. Copy Previous receipt of annual fee payment</td>
<td>☐</td>
<td>3. Local label and exporting label (if any)</td>
<td>☐</td>
</tr>
<tr>
<td>2. Copy Order for Cosmetics Annual Fee Payment</td>
<td>☐</td>
<td>4. Analysis result (if any)</td>
<td>☐</td>
</tr>
<tr>
<td>2. Notification of Additional Details of Controlled Cosmetic</td>
<td>☐</td>
<td>5. Copy of Power of Attorney (certified by officer)</td>
<td>☐</td>
</tr>
<tr>
<td>3. Notification of change of name or office address of controlled cosmetic</td>
<td>☐</td>
<td>6. Map of production site and pictures of inside the production site</td>
<td>☐</td>
</tr>
<tr>
<td>4. Notification of change of production site or warehouse of controlled cosmetic</td>
<td>☐</td>
<td>11. Certificate of Manufacturer (COM)</td>
<td>☐</td>
</tr>
<tr>
<td>1. Letter of Intent</td>
<td>☐</td>
<td>1. Application</td>
<td>☐</td>
</tr>
<tr>
<td>2. Copy of previous Controlled Cosmetic Notification</td>
<td>☐</td>
<td>2. Copy of Controlled Cosmetic Notification (if any)</td>
<td>☐</td>
</tr>
<tr>
<td>3. Supporting evidence (as case may be)</td>
<td>☐</td>
<td>3. Local label and exporting label (if any)</td>
<td>☐</td>
</tr>
<tr>
<td>4. Copy of Power of Attorney (certified by officer)</td>
<td>☐</td>
<td>4. Analysis result (if any)</td>
<td>☐</td>
</tr>
<tr>
<td>5. Substitution of notifying form for controlled cosmetic</td>
<td>☐</td>
<td>5. Copy of Power of Attorney (certified by officer)</td>
<td>☐</td>
</tr>
<tr>
<td>1. Letter of Intent</td>
<td>☐</td>
<td>6. Map of production site and pictures of inside the production site</td>
<td>☐</td>
</tr>
<tr>
<td>2. Notice of Loss or SorOrKhor.3 which the loss is significant</td>
<td>☐</td>
<td>12. Certificate of Bovine Spongiform Encephalopathy (CBSE)</td>
<td>☐</td>
</tr>
<tr>
<td>3. Copy of Power of Attorney (certified by officer)</td>
<td>☐</td>
<td>1. Application</td>
<td>☐</td>
</tr>
<tr>
<td>4. Copy of Power of Attorney (certified by officer)</td>
<td>☐</td>
<td>2. Copy of Controlled Cosmetic Notification (if any)</td>
<td>☐</td>
</tr>
<tr>
<td>5. Copy of Power of Attorney (certified by officer)</td>
<td>☐</td>
<td>3. Local label and exporting label</td>
<td>☐</td>
</tr>
<tr>
<td>6. Copy Previous receipt of annual fee payment</td>
<td>☐</td>
<td>4. Analysis result (if any)</td>
<td>☐</td>
</tr>
<tr>
<td>7. Copy Order for Cosmetics Annual Fee Payment</td>
<td>☐</td>
<td>5. Copy of Power of Attorney (certified by officer)</td>
<td>☐</td>
</tr>
<tr>
<td>6. Application for Specific Import</td>
<td>☐</td>
<td>6. Map of production site and pictures of inside the production site</td>
<td>☐</td>
</tr>
<tr>
<td>1. Two sets of applications</td>
<td>☐</td>
<td>Submission of Power of Attorney for Officer’s Receipt</td>
<td>☐</td>
</tr>
<tr>
<td>2. Two Copies of Invoice/ Performa Invoice</td>
<td>☐</td>
<td>1. Power of Attorney</td>
<td>☐</td>
</tr>
<tr>
<td>3. Copy of formula (in case of exceeding)</td>
<td>☐</td>
<td>- Have message on granting power to conduct actions regarding cosmetics.</td>
<td>☐</td>
</tr>
<tr>
<td>4. Evidence of the applicant</td>
<td>☐</td>
<td>- Affix signature by the Principal.</td>
<td>☐</td>
</tr>
<tr>
<td>7. Request for Opinion on Usage of Cosmetics Label</td>
<td>☐</td>
<td>- The Principal is authorized according to the evidence of business.</td>
<td>☐</td>
</tr>
<tr>
<td>1. ChorSor.1 = 7 sets</td>
<td>☐</td>
<td>- Affix signature by the Attorney.</td>
<td>☐</td>
</tr>
<tr>
<td>2. Formula/Copy of SorOrKhor.3 = 7 sets</td>
<td>☐</td>
<td>- Post 30-baht stamp duty.</td>
<td>☐</td>
</tr>
<tr>
<td>3. Label = 7 sets</td>
<td>☐</td>
<td>2. Copy of Power of Attorney for receiving</td>
<td>☐</td>
</tr>
<tr>
<td>5. Copy of Power of Attorney (certified by officer)</td>
<td>☐</td>
<td>- Copy of certification of registration</td>
<td>☐</td>
</tr>
<tr>
<td>6. Map (in case of new operator)</td>
<td>☐</td>
<td>- Copy of commercial registration</td>
<td>☐</td>
</tr>
<tr>
<td>8. Request for Opinion on Cosmetics Advertisement</td>
<td>☐</td>
<td>4. Copy of identification card of the Principal with signature</td>
<td>☐</td>
</tr>
<tr>
<td>1. KorSor.1 = 20 sets</td>
<td>☐</td>
<td>5. Copy of identification card of the Attorney with signature</td>
<td>☐</td>
</tr>
<tr>
<td>2. Advertising words = 20 sets</td>
<td>☐</td>
<td>4. Copy of identification card of the Principal with signature</td>
<td>☐</td>
</tr>
<tr>
<td>3. Formula/Copy of SorOrPhor.4 or 5/ Copy of SorOrKhor.3 = 20 sets</td>
<td>☐</td>
<td>5. Copy of identification card of the Attorney with signature</td>
<td>☐</td>
</tr>
<tr>
<td>4. Label = 20 sets</td>
<td>☐</td>
<td>5. Supporting evidences = 20 sets</td>
<td>☐</td>
</tr>
<tr>
<td>5. Supporting evidences = 20 sets</td>
<td>☐</td>
<td>6. Copy of Power of Attorney (certified by officer)</td>
<td>☐</td>
</tr>
</tbody>
</table>
| 6. Copy of Power of Attorney (certified by officer) | ☐ | **Checking Result**

☐ Complete  ☐ Incomplete

Signature:…………………………………..Checker
Date:………………………………………

Checking Result

Complete  Incomplete

Signature:…………………………………..Checker
Date:………………………………………
<table>
<thead>
<tr>
<th>PARTICULARS OF PRODUCT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. NAME OF BRAND &amp; PRODUCT:</strong></td>
</tr>
<tr>
<td><strong>1.1 Brand</strong></td>
</tr>
<tr>
<td>เอ๊บซี ABC</td>
</tr>
<tr>
<td><strong>1.2 Product Name</strong></td>
</tr>
<tr>
<td>ครีมกันแดด Sunscreen Cream</td>
</tr>
<tr>
<td><strong>1.3 List of Variants or Shade Names (please identify)</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>2. Product Type</strong></td>
</tr>
<tr>
<td>Sun Protection Product 10596</td>
</tr>
<tr>
<td><strong>3. Intended Use</strong></td>
</tr>
<tr>
<td>Apply for sun protection.</td>
</tr>
</tbody>
</table>
4. **Product presentation** (Please mark ✓ at the selected item)
   
   - ☑ Single product
   
   - □ A range of product in composition for the same use but differs in colours, flavours
   
   - □ Palettes in a range of one product type
   
   - □ Palettes in a range of many product types
   
   - □ Combination of one product type in a single kit
   
   - □ Combination of many product types in a single kit
   
   - □ Others (Please identify)………………………………………………………………

5. **PARTICULARS OF MANUFACTURER (S)/IMPORTER/ASSEMBLER (S)** [Please attach in a separate sheet if there are more than one manufacturer/assembler]

   5.1 **Name of manufacturer**
   
   - APPLE INC.

   **Address of manufacturer** locating at _______Trok/Soi_________
   
   Road _______Moo______ Tumbon/Sub-district _______
   
   Amphur/District _______Province _______ Zip Code _______

   **Telephone No.** _______ Fax No. _______ E-mail Address _______

   Country (in case of production in overseas) UNITED STATES OF AMERICA

   5.2 **Name of Assembler**

   **(Please mark ✓ at the desired item which can choose more than 1 items.)**
   
   - □ Primary Assembler  □ Secondary Assembler

   **Address of Assembler residing at** _______Trok/Soi_________
   
   Road _______Moo______ Tumbon/Sub-district _______

   Amphur/District _______Province _______ Zip Code _______

   **Telephone No.** _______ Fax No. _______ E-mail Address _______

   Country _______

   5.3 **Name of Importer**

   Suksamang Company Limited

   **Address of Importer located at** _______Trok/Soi_________
   
   Road _______Moo______ Tumbon/Sub-district _______

   Amphur/District _______Province _______ Zip Code 11000

   **Telephone No.** 02-5999900 Fax No. - E-mail Address -
6. List of Particulars of Company Responsible for Placing the Cosmetic Product in the Market

6.1 Name of Company  Suksamang Company Limited

Business Registration No.  1234543211111

[Please attach a copy of commercial registration or a copy of certificate of juristic person registration (as the case may be).]

Address of Company located at 1 Trok/Soi Bumratnaradul Hospital
Road  Tiwanon  Moo - Tumbon/Sub-district Taladkwan
Amphur/District Muang Province Nonthaburi Zip Code 11000
Telephone No. 02-5999900 Fax No. - E-mail Address -

6.2 Particulars of Person Representing the Company for Placing the Cosmetic Product in the Market

Name of Person  Mr. Raden Lundai
Telephone No. 02-599-9900 E-mail Address: LUNDAI@hotmail.com

Designation in the company  Director

7. Product Ingredient List

I have examined the details of substances used in the cosmetics product as hereby notified. There was no prohibited ingredient. The operator has complied with all related regulations, notifications, and code of practices. I hereby certify that I shall be responsible for all actions and fully coordinate with the officers when the follow-up examination on cosmetics product is required after issuing into the market.
Please deliver the list of substances together with quantity of substances under the maximum limit specified by law.

<table>
<thead>
<tr>
<th>No.</th>
<th>List of All Substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ethylhexyl p-methoxy cinnamate 7.5% UV Absorber</td>
</tr>
<tr>
<td>2</td>
<td>Oxybenzone 2.5% UV Absorber</td>
</tr>
<tr>
<td>3</td>
<td>2 – Ethylhexyl Salicylate 2.5% UV Absorber</td>
</tr>
<tr>
<td>4</td>
<td>Methylparaben 0.1% Preservative</td>
</tr>
<tr>
<td></td>
<td>[calculated as 4-Hydroxybenzoic acid=0.09%]</td>
</tr>
<tr>
<td>5</td>
<td>Propylparaben 0.1% Preservative</td>
</tr>
<tr>
<td></td>
<td>[calculated as 4-Hydroxybenzoic acid=0.08%]</td>
</tr>
<tr>
<td>6</td>
<td>Water Solvent</td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>[Total 4-Hydroxybenzoic acid=0.09+0.08=0.17%]</td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
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<td>21</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>
DECLARATION

1. I hereby declare on behalf of my company that the product in the notification meets all the requirements of the Cosmetics Act of the Kingdom of Thailand.

2. I undertake to

   (1) Ensure that the product’s technical and safety information is made readily available to the regulatory authority concerned (“the Authority”) and to keep records of the distribution of products recall purposes;

   (2) Notify the Authority of fatal or life threatening serious adverse event as soon as possible by telephone, facsimile transmission, email or in writing, and in any case, no later than 7 calendar days after first knowledge;

   (3) Complete the Adverse Cosmetic Event Report Form within 8 calendar days from the date of my notification to the Authority in para 2 above, and to provide any other information as may be requested by the Authority;

   (4) Report to the Authority of all other serious adverse events that are not fatal or life threatening as soon as possible, and in any case, no later than 15 calendar days after first knowledge, using the adverse Cosmetic Event Report Form;

   (5) Notify the Authority of any change in the particulars submitted in this notification;

   (6) Ensure that if and when directed by the authority I will recall the product from the market, and discontinue selling or supplying the product

3. I declare that the particulars given in this notification are true, all data, and information of relevance in relation to the notification have been supplied and that the documents enclosed are authentic or true copies.

4. I understand that I shall be responsible for ensuring that each consignment of my product continues to meet all the legal requirements, and conforms to all the standards and specifications of the product that I have declared to the Authority.

5. I understand that I cannot place reliance on the acceptance of my product notification by the authority in any legal proceedings concerning my product, in the event that my product has failed to conform to any of the standards or specifications that I had previously declared to the Authority.

________________________________________
Signature

Raden Lundai

(________ Mr. Raden Lundai ________)

Name and Signature of Notifier

[Company’s Seal (if any)]

5/1/51

Date
**Food and Drug Administration**  
Ministry of Public Health, Tiwanon Rd., Muang, Nonthaburi 11000

**Order for Cosmetics Annual Fee Payment / Receipt**

*Suksamang Co., Ltd.*  
1 Soi Bumratnaradul Hospital, Tiwanon Road, Muang District, Nonthaburi 11000

<table>
<thead>
<tr>
<th>Type of Fee, Payment No. [9903 80008/50]</th>
<th>Amount (Baht)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosmetics Annual Fee [Annual fee for importing controlled cosmetic]</td>
<td>2,000.00</td>
</tr>
<tr>
<td>Additional money</td>
<td>0.00</td>
</tr>
<tr>
<td>Total to be paid</td>
<td>2,000.00</td>
</tr>
</tbody>
</table>

- This receipt is used for certifying the annual fee payment and valid until 11th January 2009.
- If the payment is after the due date, the annual fee payment shall be paid with 5% of additional money per month.
- If receiving a warning letter for annual fee payment in case of failure of payment, the annual fee shall be paid with addition within 30 days from the receiving date. Therefore, FDA shall withdraw the registration or all registration certificates.

**Address of Warehouse**

1 Soi Bumratnaradul Hospital, Tiwanon Road, Muang District, Nonthaburi 11000

**For bank’s use**  
(Please collect fee from payer.)

**Name of Operator**  
Suksamang Co., Ltd.

**For account’s name**  
Food and Drug Administration

**Tax ID.No.** 4102030736

<table>
<thead>
<tr>
<th>Bank’s Name</th>
<th>Account No.</th>
<th>Fee Rate</th>
</tr>
</thead>
</table>

**Date……………………………………………….Branch……………………………………………….**

<table>
<thead>
<tr>
<th>Cash Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

| Depositor……………………………….. | For bank’s officer |
| Tel……………………………….. | Receiver…………………………….|
RECEIPT (ORIGINAL)

Under the Authority of Food & Drug Administration

Office at Treasury Division Sor.Lor.
Date 5th January 2008

Receive the money from Suksamang Company Limited
As details follow: Payment Order No. 9905 13/51

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual fee for importing controlled cosmetics</td>
<td>2,000</td>
</tr>
<tr>
<td>(1 Receipt, 2,000 baht each)</td>
<td></td>
</tr>
<tr>
<td>Application No. 2070/2551</td>
<td></td>
</tr>
</tbody>
</table>

Total 2,000 00

Amount (Two Thousand Baht Only)
Corrected.

Signature Areerat Puttaraksa Receiver
(Ms. Areerat Puttaraksa)
Position Administrative Officer 4

Document No. 44/39 – 19306

Raden Lundai
(Mr. Raden Lundai)
Document No. 9
ThorSor. 1 Form

(In Case of New Operator)
Application

[ ] Notification of production/import of specially controlled cosmetics
[✓] Payment of annual fee (for 1st submission)

Written at Suksamang Co., Ltd.
Date 5th January 2008

I, Suksamang Co., Ltd.,
is [ ] ordinary person [✓] juristic person with cosmetics operator’s identification no.
50826
[ ] hereby notify the production/import of specially controlled cosmetics
[ ] hereby certify the annual fee payment as shown in Order No.________
Receipt No._______

[3] request for annual fee payment (for 1st submission)

[ ] Production of controlled cosmetics [ ] Production of specially controlled cosmetics 1,000.- Baht
[✓] Import of controlled cosmetics [ ] Import of specially controlled cosmetics 2,000.- Baht

The place of [ ] production [✓] import is as follows:
1. Production Site/Import Place Suksamang Co., Ltd.
   Code of Address 50826 No. 1 Soi Bumratnaradul Hospital, Tiwanon Road, Taradkwan Sub-district, Muang District, Nonthaburi 11000

2. Warehouse 1 No. 1
   Code of Address 50826 No. 1 Soi Bumratnaradul Hospital, Tiwanon Road, Taradkwan Sub-district, Muang District, Nonthaburi 11000

Signature _______ Raden Lundai
(Mr. Raden Lundai )
Operator/Attorney

A warrant of specially controlled cosmetics number ____________
__________________________
__________________________

Acknowledge________________
Signature__________________
Date_______________________
Map of Import Place
Blueprint Inside Import Place and Warehouse

Ratio 1:10