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**Asking someone out on a date at work.** _____ (The person acting as a representative on the registration, or requesting on behalf of the lottery organizer, is requesting this information.)

**(For use as a substitute for lottery tickets,)**

## List of six supporting documents.

1) **Information System Application Request Form**

2. **A document authorizing the transfer of power ( One document authorizes** two **people).**

3. **Citizen's ID card granting power of attorney (requesting date).**

4. **The people's representative grants authority.**

**Note : This request is for permission to use a drug-related substance, specifically a type of drug called "date addiction."**

**(Self-reporting document, attached with a copy of the citizen's identification card)**

**The official document is required for the application.**

**The office can submit documents via** two **channels.**

1) **At the** One-Stop Service Center (OSSC), **Building** 8, **Unit** 4.

**Food and Drug Administration (FDA), Ministry of Public Health,** 88/24 **Wan Luang Road.**

**Khun Talat Market, Amphoe Mueang, Nonthaburi** 11000 **(Google Maps location)**

2) **Email econsultcenter@fda.moph.go.th with the subject "Requesting update on e-Consult system usage".**

**By : [Name of person/service]**

**FDA**

**The Division of Sexual Health and Prevention (DH) of the Food and Drug Administration (FDA),**

**published : November 14, 2025**

**For more information, please contact us via Line OA: @consult_**

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**Information System Access Permission Request Form - Product Consulting and Diagnostic System (E-Consult)**

Innovative Health Products and Services Division (IHP), Food and Drug Administration.

**Part 1 for the applicant.**

1. National ID number ----------

2. Full Name in Thai (Mr./Mrs./Ms.) 3. Full ----------

Name in English (Mr./Mrs./Ms.) 4. ----------

Telephone ---------- and email . ----------

Number 5. Type: Individual (Please see Note

☐ 1) Legal Entity: Company Name ---------- Legal entity number ----------

| | |
|---|---|
| sign ---------- ----------) (Day/Month/Year) ---------- License applicant/Authorized representative | sign ---------- ----------) (Day/Month/Year) ---------- Director of the Innovative Health Products and Services Division |

**note**

1. If you are applying as an individual, **you will not be able to submit a request for a narcotic product diagnosis.**

Requests for narcotic product testing must be submitted under the jurisdiction of a legal entity only.

2. The applicant is entitled to acknowledge the FDA announcement regarding policies and guidelines for maintaining national security.

We have received the information and will comply with all instructions.

3. Applicants must register for the service (i.e., central identity verification or Open ID registration with the government agency). (Electronic) for identity verification before requesting access.

4. Applicants can submit this form through any of the following channels.

(4.1) Submit in person at the One-stop service center (OSSC) for health products, Building 8, 4th Floor, Food and Drug Administration (FDA), Ministry of Public Health, Tiwanon Road, Nonthaburi 11000, or

(4.2) Email econsultcenter@fda.moph.go.th with the subject line **“Request for E-consult system access rights”.**

5. The system administrator will verify the request and grant system access within 1-2 business days. 6.

The applicant can use the E-consult system **for a maximum of 1 year from the date of application if they wish to continue using it.**

The system is reconnected. Please resubmit your request for access reactivation.

7. For more information, please visit https://innovative.fda.moph.go.th/ > E-Consult Online Consultation System. 8. For inquiries or to report problems using the E-Consult system, please contact us via Line Official: @consult_fda

**Part 2 for administrator privilege officers.**

☐ validate

☐ Access has been granted or the Username and Password have been saved successfully.

sign ---------- System administrator.

---------- )

(Day/Month/Year) ----------

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**Power of Attorney**

Written at……

Date..…... Month…….…… Year……..

By this letter, I, ..... (Head Office)

Located at No.....Village No.....Lane/Soi.....

Street..... Sub-district/Precinct..... District/Area.....

Province.....Postal Code.....with.....

The person authorized to act on behalf of the legal entity as shown in the certificate of commercial registration and/or business registration

or the certificate of incorporation from the Ministry of Commerce, number.....

Dated ..... I hereby authorize .....

This person is authorized to act on my behalf in accessing the Food and Drug Administration's information system.

And medicine, including the e-Consultation system for health product consultations for entrepreneurs, as well as...

Proceed with the correction, abridgement of documents, acknowledge official orders, and perform any other related actions until completion.

I take full responsibility for any actions taken by my authorized representative within the scope of this authorization.

And it is binding on me in all respects. This power of attorney authorizes me to carry out the actions specified above.

This applies from ..... to .....

Signature.....Authorized Representative

( )

Signed.....Authorized Representative No. 1

( )

Signed.....Authorized Representative (Person #2)

)

(Signed.....Witness)

)

(Signed.....Witness)

( )

Affix a 30 baht stamp.

And affix the company seal (if applicable).

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# Example of filling out a power of attorney form.

**Power of Attorney**

Written at……

Date..... Month……..…… Year……..

By this letter, I,.....Name of an individual or name of a legal entity.....Head Office

Located at No.....Village No.....Lane/Soi.....

Street..... Sub-district/Precinct..... District/Area.....

Province.....Postal Code.....with.....Name of the director authorized to sign binding agreement.

company

The person authorized to act on behalf of the legal entity as shown in the certificate of commercial registration and/or business registration or the certificate of incorporation from the Ministry of Commerce, number.....Juristic Person Number (If it is a government agency, enter the taxpayer identification number)

Dated .....Date of company registration I hereby authorize (Mr./Mrs./Ms.) ..... Name of the authorized representative

This person is authorized to act on my behalf in accessing the Food and Drug Administration's information system.

And medicine, including the e-Consultation system for health product consultations for entrepreneurs, as well as...

Proceed with the correction, abridgement of documents, acknowledge official orders, and perform any other related actions until completion.

I take full responsibility for any actions taken by my authorized representative within the scope of this authorization.

And it is binding on me in all respects. This power of attorney authorizes me to carry out the actions specified above.

This applies from the date ..... to the date .....

(The specified date must be no more than 1 year from the date of application.)

Note: One power of attorney document can authorize a maximum of two people.

Mandatory form

Signature.....Authorized Representative

( )

Mandatory form

Signed.....Authorized Representative No. 1

( )

Signed.....Authorized Representative (Person #2)

( )

(Required field)

Signed by.....Witness

( )

(Required field)

Signed by.....Witness

( )

Affix a 30 baht stamp.

And affix the company seal (if applicable).