

Example for Completing

Inbound Traveler's Permit for Narcotics Contained Medication for Personal Use

자가치료용 마약류 반입 승인서

1. Applicant's Name (신청인 이름)

Given name (이름): Micheal Surname (성): Smith

2. Passport No. (여권번호)

AB12345678

3. Nationality (국적)

Republic of Korea

4. Length of Stay Abroad (체류기간)

11 M (월) 11 D (일) 2018 Y (년) ~ 11 M (월) 20 D (일) 2018 Y (년)

(Total (총) 10 days (일))

* The dates will be for the period staying in Korea. If you will trip after departing from Korea, please put the information on the space of this number.

5. Name of Entry and Flight No. (입국 장소 및 항공편)

Port of arrival (도착장소 (공항, 항구)): ICN (Incheon) Flight No. (항공편): KE 1011

6. Visiting Purpose (방문목적) (✓)

Business (업무) ☐ Family/friends visit (가족/지인 방문) ☐ Study (학업) ☐

Sightseeing (관광) ☐ ☒ Stopover (경유) ☐ Other (기타) ☐ _____

*Reference attached? (참고문서 첨부 유무) (study visitors only 학업상 방문일 경우)

Yes (はい) ☐ No (いいえ) ☐

7. Identification of Carrying Narcotics and Quantities (반입 마약류 및 복용량)

Medication (ingredient) name and quantities (약품명 (주성분) 및 복용량) *30mg/day=10mg/ tablet x 3
tablets/day

약품명(주성분)

1 일 복용량

Drug (Ingredient) name: Adderall XR (amphetamine/dextroamphetamine) 10mg tab. (30_ mg /day)

Drug name: _____ (_____ mg / day)

Drug name: _____ (_____ mg / day)

Drug name: _____ (_____ mg / day)

***Is export certificate on narcotic drug or psychoactive substance available in your country?**

귀국에서 마약류에 대한 반출 승인서를 발급하고 있습니까?

Available (발급한다) ☐

Not available (발급하지 않는다) ☐

*** Check at the correct box based on the regulation of your country.**

8. Reason of Carrying Medicine / Name of Illness (약품 반입 사유/병명)

_ Symptoms to treat with the medication applied. (e.g. Chronic pain, anxiety, sleep disorder, etc.) _

9. Contact Details (연락처)

*** Do not leave any blank (모두 기입하십시오.)**

Phone No. (전화번호): ____ +11(country code)-111-1111 ____

E-mail: ____ example@forKorea.com ____

Fax (if exist 팩스번호(있는 경우)): ____ +11(country code)-111-1111 ____

10. Declaration by Applicant

신청인 선언문

- **I declare that the particulars and documents furnished in respect of this application are true and correct.**

나는 본 신청과 관련하여 제출한 모든 세부사항과 문서가 사실이고 정확함을 선언한다.

- **I understand that this application can be rejected and the permit issued by this application can be annulled if the particulars and documents furnished in respect of this application are not true and correct.**

나는 본 신청과 관련하여 제출한 세부사항과 문서 중 사실이 아니거나 틀린 사항이
있으면 신청이 기각되거나 발행된 신청서가 취소될 수 있음을 알고 있다.

Date(날짜): _____

Signature of Applicant(신청인 서명): _____

****Please submit the application to the following address by fax or email:***

다음의 팩스번호나 이메일 주소로 제출하십시오.

***Narcotics Policy Division
Pharmaceutical Safety Bureau
Ministry of Food and Drug Safety (MFDS)***

Fax. +82-43-719-2800

E-mail. narcotics@korea.kr