Notarial Translation

The Government of the Republic of the Union of Myanmar
The Ministry of Health and Sports

Directive No. 91/2020

The 14th Waning Day of Second Wado, 1382, M.E.
(17th August 2020)

“Directive to Comply with Guidelines on Contact with
Cigar and Tobacco Product Manufacturer, Distributor, Seller or Related Person”

The Ministry of Health and Sports, in exercising the power conferred under sub-section (b) of Section 19 of the Control of Smoking and Consumption of Tobacco Products Law, hereby issues this Directive.

1. The expression contained in this Directive shall have the same meanings as are assigned to them in the Control of Smoking and Consumption of Tobacco Products Law. In addition, the following expressions shall have the meanings given hereunder:

   (a) Permanent Secretary means the Permanent Secretary of the Ministry of Health and Sports.

   (b) Officer assigned duty means the Civil Servant who is the rank of Staff Officer and above, and is serving the duty at the Ministry of Health and Sports and Department under the said Ministry, who is assigned by the Permanent Secretary to contact and meet with the cigar and tobacco product manufacturer, distributor, seller or related person.

   (c) Related person means an individual or organization relating to receiving benefits from, or delegated directly or indirectly by the entrepreneur who is manufacturing, distributing or selling.

2. The Permanent Secretary shall scrutinize and decide the said submission whether it should be allowed or not, when the cigar and tobacco product manufacturer, distributor, seller or related person submits in writing to contact and meet with the relevant responsible person.

3. If the Permanent Secretary who decides to allow to contact and meet with them under paragraph 2 shall inform in writing to cigar and tobacco product manufacturer, distributor, seller or related person by mentioning the following facts:
4. The Officer Assigned Duty who is assigned duty by the Permanent Secretary shall give prior notice together with Affirmation of Undertaking Form to cigar and tobacco product manufacturer, distributor, seller or related person before commencement of the meeting with them that they will neither take a photograph, record sound and video recording in the meeting, nor put the meeting essence and outcome into the publicity, and cause to sign in the Affirmation of Undertaking Form.

5. In meeting held with cigar and tobacco product manufacturer, distributor, seller or related person, Officer assigned duty shall record the following:
   (a) Purpose and subject matter of meeting;
   (b) Date, time and place;
   (c) Name and designation of the Officer assigned duty;
   (d) Name, designation and full address of cigar and tobacco product manufacturer, distributor, seller or related person;
   (e) List of the attendees’ names;
   (f) Brief minutes of meeting.

6. Officer assigned duty shall submit the report regarding the contact and meeting with cigar and tobacco product manufacturer, distributor, seller or related person to the Ministry of Health and Sports.

7. The Branch of Department of Public Health of Ministry of Health and Sports, which is undertaken the activities of the control measures of cigar and tobacco product, shall issue the information relating to the meeting to be known by the public.

   Sd. / x x x  
   (Dr. Myint Htwe)  
   Union Minister

Letter No. 4 Ma Kha (La) 2020/ 14457

Date: 17th August, 2020
Circulation:

- President Office.
- President Staff Office.
- Vice President (1) Staff Office.
- Vice President (2) Staff Office.
- Union Government Office.
- Pyidaungsu Hluttaw Office.
- Pyithu Hluttaw Office.
- Amyotha Hluttaw Office.
- The Supreme Court of the Union.
- National Constitutional Tribunal.
- Union Election Commission Office.
- All Union Ministries.
- Union Attorney General Office.
- Office of the Auditor General of the Union.
- Union Civil Service Board.
- Nay Pyi Taw Council.
- All Region / State Governments.
- Myanmar Central Bank.
- Anti-Corruption Commission Office.
- Nay Pyi Taw Development Committee.
- Yangon City Development Committee.
- Mandalay City Development Committee.
- Chairman, Myanmar Medical Council.
- Chairman, Myanmar Medical Association.
- Chairman, Myanmar Pharmaceutical Technician Board.
- Chairman, Myanmar Dental and Oral Medical Council.
- Chairman, Myanmar Red Cross Society.
- Chairman, Myanmar Traditional Medicine Council.
- Chairman, Myanmar Midwife and Nurse Council.
- Chairman, Myanmar Pharmaceutical Association.
- Chairman, Myanmar Health Assistant Association.
- Chairman, Myanmar Private Hospital’s Association.
- Chairman, People’s Health Foundation.

- Director General, Printing and Publishing Department

To be notified in Myanmar Gazette, Part 1.

- Director General, All Departments under the Ministry of Health and Sports.

- All Head of Office of Union Territory, Nay Pyi Taw / Region / State Department of Public health / Department of Medical services.
Affirmation of Undertaking Form

Ministry of Health and Sports

Affirmation of Cigar and Tobacco Product Manufacturer, Distributor,

Seller or Related Person

Date ................................

............................................... (occupation / Duty / Company)  ................................................

.................................................................

............................................. Aged ............... Years, ...................... Nationality,

Identification – Citizenship Scrutiny Card No./Passport No. ...................... attends a

meeting with the official of the Ministry of Health and Sports at the meeting No. ....,

held on the ........ day of ................. (month / year), and hereby affirm

that I will neither take a photograph, record sound, and video recording in the meeting, nor

put the meeting essence and outcome into publicity for any commercial benefit whatsoever.

Signature ........................................

Name. ..............................

Full address ..............................

Phone No. ..............................

E-mail address ..............................

AUTHENTICATED, True and Correct English Translation.

\[Signature\]

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Yangon Region\]

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