

Related Party's Detail Form

Please complete the form and affix your signature for further consideration.

<input type="checkbox"/> Authorized Director <input type="checkbox"/> Attorney / Entrusted Person
<p>Relationship</p> <input type="checkbox"/> Natural Person (please specify name)
<input type="checkbox"/> Juristic Person (please specify name)
<p>Name-Surname (Mr. / Mrs. / Miss / Others, specify):</p> <p>Date of Birth: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Nationality:</p> <p><input type="checkbox"/> ID Card No. <input type="checkbox"/> Passport No.:</p> <p>Occupation <input type="checkbox"/> Politician <input type="checkbox"/> Government Official <input type="checkbox"/> Househusband/Housewife <input type="checkbox"/> Employee <input type="checkbox"/> Employee of Public Enterprise <input type="checkbox"/> Business Owner <input type="checkbox"/> Government Employee <input type="checkbox"/> Pupil/Student <input type="checkbox"/> Company Employee <input type="checkbox"/> Others</p> <p>Country of Source of Revenue: <input type="checkbox"/> Thai <input type="checkbox"/> Others (specify country)</p> <p>House Registration Address: No. Road Tambon/Sub-district</p> <p>Amphoe/District Province Postal Code Telephone</p> <p>Workplace: Name No. Road</p> <p>Tambon/Sub-district Amphoe/District Province Postal Code</p> <p>Telephone</p> <p>Present Contact Address: <input type="checkbox"/> under House Registration <input type="checkbox"/> Workplace <input type="checkbox"/> Others, No. Road</p> <p>Tambon/Sub-district Amphoe/District Province Postal Code</p> <p>Contact Telephone E-mail:</p> <p align="center">I hereby certify that the statements specified above are proper and true in all respects. Signed Director / Attorney (.....) Date</p>
<p>Documents Required for Attachment with this Form</p> <ul style="list-style-type: none"> - Copy of ID Card of the Authorized Signatory Director (which is affixed with signature for true certification); and/or - Copy of Certificate of the Attorney / Entrusted Person (which is affixed with signature for true certification)
<input type="checkbox"/> Have ever filled the aforesaid information and have not altered information <input type="checkbox"/> Altered information and requested for revision of the information as follows
<input type="checkbox"/> None of documentation <input type="checkbox"/> Having documentation of the revision as follows