SMBC SUMITOMO MITSUI BANKING CORPORATION

Application for Customer Information Amendment

Date_____

I/We (the "Customer") _____, the owner of the deposit account/ credit facilities/ loan /trade or any product opened with Sumitomo Mitsui Banking Corporation, Bangkok branch (the "Bank"). Please update our information registered with the Bank as follows:

Request (Please tick (✓) where applicable and fill required information)

☐ **Changing of Address / Telephone and/or Facsimile number**

Address Details

_____

_____

_____

Telephone Number_____ Facsimile Number _____

☐ **Changing of company name**

New Company Name (Thai)

_____

New Company Name (Eng)

_____

I/We refer to our former company name and we hereby request you to

I. Accept cheques, receipts, and inward fund transfers favoring our former company name and credit the same to the account.

II. Accept cheques, payment, and outward fund transfer applications issued under our former company name and debit the same from the account.

In each case for a period of six months with effect from the date hereof after which we acknowledge that you may reject all such instruments. I/We understand that you are not obliged to act on our requests/instructions and any attempt to act on our requests/instructions shall be on a best effort basis only.

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☐ **Changing of company seal/ registered with Business Development Department (Ministry of Commerce)**

New Company Seal/Stamp (Please stamp within the box)

☐ **Changing style of signature** ☐ **Adding style of signature**

I/We understand that the change of signatory shall supersede and replace all prior Application which submitted to the Bank.

Name/ Surname	New Signature / Add Signature

※ In case the changing request is over than the form, please use a separate sheet.

☐ **Changing name/ surname**

I/We understand that the change of signatory shall supersede and replace all prior Application which submitted to the Bank.

Existing Name/ Surname	New Name/ Surname
New Signature Style (If necessary)	

※ In case the changing request is over than the form, please use a separate sheet.

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☐ **Changing of Delivery Method**

☐ Send by Mail

☐ Hold for Collection, which I/we hereby agree that this Bank's service is performed under my/our order and if I/we fail to collect my/our Statement within 45 days, or other documents within 30 days from the date that such Statement or other documents are available for collection, I/we hereby agree that the Bank will send such held Statement and other documents to me/us by mail. If I/we fail to collect any of my/our Statement and other documents in any calendar month for three calendar months in one calendar year, our Hold for Collection instruction will be automatically terminated on the last business day of next calendar month and my/our Statement, or other documents will be sent to me/us by mail. I/we shall not claim against the Bank in respect of any damages and all consequences incurred by me/us from so doing. In the case of any cost incurred ("Fee charge") for the Bank to perform this Bank's service upon my/our request, I/we hereby agree to pay such Fee charge to the Bank without delay.

_____

Authorized Signature(s) with Company Chop

For Bank Use Only
Customer Information Department

Effective on:

Approver	Checker	Maker