SMBC SUMITOMO MITSUI BANKING CORPORATION

# Application for BAHTNET Fund Transfer

Date _____

To: Sumitomo Mitsui Banking Corporation, Bangkok Branch

I/We hereby request Sumitomo Mitsui Banking Corporation to transfer the fund to third party through" BAHTNET" for which the details are as follows :-

| | | | | |
|---|---|---|---|---|
| Value Date | | | Amount | THB |
| Beneficiary's Bank | | | Branch | |
| Beneficiary's A/C No. | | | Purpose | |
| Beneficiary's A/C Name | | | | |
| Beneficiary's Address<br>* This field is required | Number | | Street | |
| | District | | Town* | |
| | Postal | | Country* | |

I/We have read, understood clearly and accepted the contents contained in the Application and its Terms and Conditions (as in https://www.smbc.co.jp/asia/thailand/forms/Application_Fund_Transfer_Bahtnet_Terms.pdf ) and Terms and Conditions Governing Accounts (as in https://www.smbc.co.jp/asia/thailand/forms/Deposits-Accounts-Governance-Terms.pdf) (collectively "Terms and Conditions") in all respects. I/We agree that Terms and Conditions shall be deemed as a part of this Application and further agree to be bound by and perform in accordance with the Application and Terms and Conditions applicable to my/our account.

I/We hereby authorize the Bank to debit my/our account no. _____ or any other account maintained with the Bank for settlement of fund transfer including the fee related to BAHTNET System.

Applicant's name and contact detail (in block letter)

Applicant's Name: _____

Contact person: _____ _____

Tel No.: _____ Authorized Signature(s) with Company Chop

**FOR BANK USE ONLY**

| Transaction Ref. No. | | DBO | | |
|---|---|---|---|---|
| Approver | Verifier | Checker | Maker | Signature Verifier |
| | | | | |