

## **APPLICATION FOR BAHTNET FUND TRANSFER**

Date \_\_\_\_\_

I/We hereby request Sumitomo Mitsui Banking Corporation to transfer the fund to third party through"  AHTNET" for which the details are as follows:-  Value Date  Beneficiary's Bank  Beneficiary's A/C No.  Beneficiary's A/C Name    Number
Value Date Amount THB  Beneficiary's Bank Branch  Beneficiary's A/C No. Purpose  Beneficiary's A/C Name  Number Street  District Town*  * This field is required  Postal Country*  I/We have read, understood clearly and accepted the contents contained in the Application and its Terms
Beneficiary's Bank  Beneficiary's A/C No.  Beneficiary's A/C Name    Number
Beneficiary's A/C No.  Beneficiary's A/C Name    Number   Street
Beneficiary's A/C Name    Number   Street
Beneficiary's Address * This field is required    District   Town*
Beneficiary's Address * This field is required  Postal  I/We have read, understood clearly and accepted the contents contained in the Application and its Terms
* This field is required  Postal  Country*  I/We have read, understood clearly and accepted the contents contained in the Application and its Terms
Postal Country*  I/We have read, understood clearly and accepted the contents contained in the Application and its Terms
and Conditions (as in <a href="https://www.smbc.co.jp/asia/thailand/forms/Application_Fund_Transfer_Bahtnet_Terms.pdf">https://www.smbc.co.jp/asia/thailand/forms/Application_Fund_Transfer_Bahtnet_Terms.pdf</a>
) and Terms and Conditions Governing Accounts (as in <a href="https://www.smbc.co.jp/asia/thailand/forms/Deposits-">https://www.smbc.co.jp/asia/thailand/forms/Deposits-</a>
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
Transaction Ref. No. DBO  Approver Verifier Checker Maker Signature Verifier
Approved vermed oncored interest Signature vermed