

Application for Opening Corporate Account

I/We hereby request the bank to	open the follow	wing account.		Date	
Type of Account (please tick a	as appropriate))			
☐ Current Account (THB o	only)				
☐ Saving Account	☐ THB	□USD		☐ Other	
☐ Fixed Deposit Account	□ ТНВ	□ USD	□ JPY	□ Other	
Business Information					
Account Name				(T	he "Customer")
Registration Address					
Tel Fa	ax	R	egistration No./	Тах ID	
Purpose of Account					
Type of Business		Source	of Fund (countr	v)	
The account will be used for the					
☐ For Payment and Receipts o	of Funds/Settle	ment 🗆	Treasury Produ	, ucts □ Fixed	Deposit
☐ Credit Facilities, Loan Produ	ıcts 🗆 Tr	ade Products	☐ Others (F	Please specify)	
What is the expected transact	ion volume and	d value			
Tra	nsaction volun	ne per month	Estimate Am	ount and Currency pe	er transaction
Fixed deposit					
Remittance					
Domestic payment					
Loan					
Others					
We have dealing in or with pers	ons from any	of the following of	countries, wheth	er directly or indirect	ly (including via
other countries) (Please tick all	applicable)				
☐ Iran ☐ North Korea	□ Cuba	☐ Syria	☐ Crimea	region of Ukraine	☐ Myanmar
☐ Donbas region (including Do	netsk and Luh	ansk) of Ukraine	e 🗆 Russia	☐ Belarus ☐ Nor	ne of the Above
Documents and Delivery Meth	<u>od</u>				
Monthly Account Statements an	d Treasury Rel	ated Products:			
\square For new customer, document	s will be delive	red via e-mail oı	nly (Please com	plete e-mail registrat	ion form).
\square For existing customer, docum	ents delivery n	nethod is applied	d by referring th	e latest instruction pr	ovided to SMBC
Other Documents:					
☐ 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.

Shared Document:

☐ For Share supporting of	documents which already	provided to the Bank, if th	ey are within validity period.

I/We hereby request Sumitomo Mitsui Banking Corporation (the "Bank") to open the Account pursuant to the Application for Opening Corporate Account (the "Application") in my/our name. I/We confirm that the information given in this Application according to my/our best knowledge on the date hereof is correct and complete, and I/we authorize the Bank to confirm correctness of my/our given statement from any sources the Bank may choose. I/We hereby acknowledge that this deposit shall be entitled to protection of the Deposit Protection Agency up to the amount specified by laws only if it is not a NonResident Baht Account or Foreign Currency Deposit. I/We hereby authorize the Bank to withdraw/debit or credit my/our account(s) maintained with the Bank for payment of related fee(s), including the Bank's commission, interest, charges, fees and any other expenses concerning my/our transactions with the Bank, marginal deposit and/or cover deficit of my/our another account required by the Bank, the payment for the import bills settlement and/or the payment for remittance, repayment of the Bank's loan, tax, subscriptions, donations, entrance fees and any other payment incurred from my/our separate application(s) submitted to the Bank, but not limited to the mentioned purposes. I/we agree not to issue my/our application or cheque for withdrawal hereafter on this particular case and I/we duly confirm that the Bank's debit entries in this case will, save for manifest error which will be duly remedy in due course, remain valid in every respect. I/We have read and understand clearly the contents contained in the Application and Terms and Conditions for Governing Accounts (as in https://www.smbc.co.jp/asia/thailand/forms/Deposits-Accounts-Governance-Terms.pdf) in all respects. I/We agree that Terms and Conditions for Deposit Accounts shall be deemed as a part of this Application and further agree to be bound by and perform in accordance with the Application and the Terms

Authorized Signature(s) with Company Chop

Name:	 	 	

and Conditions applicable to the my/our relevant account.



Approver	Checker	Maker

For Bank Use Only

Customer Information Department

Date Opened:

Account Number:

MGMT	Manager	Front Office

Front Office ISIC Code:



Appendix I: Specimen Signatures

This is to inform the Bank that the undermentioned signature(s) is (are) my (our) signature(s) to be affixed on the checks, bills and other documents in all transactions between us and the Bank until the Bank has been notified by us.

Account Name		
Registered co	ompany's seal	
Full name:	Full name:	
Full name: Signature	Full name: Signature	
Tel	Tel	
Full name: Signature	Full name:	
Tel	Tel	
To Bain 666 Only	Authorized Person	