

Personal Data/Whom Relate to Juristic For Service Application

<input type="checkbox"/> Individual Customer <input type="checkbox"/> Individual Related to Juristic Person: Name of Juristic Person	
<input type="checkbox"/> Authorized Signature (B02) Only in presence <input type="checkbox"/> Authorized Person for Payment (B23) Letter of Power of Attorney required	
Name Surname Middle Name (if any)	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Occupation: <input type="checkbox"/> Government Official <input type="checkbox"/> Government Employee <input type="checkbox"/> State Enterprise Employee <input type="checkbox"/> Temporary Employee of State Enterprise <input type="checkbox"/> Private Company Employee <input type="checkbox"/> Employee of International/Non-Profit Organization <input type="checkbox"/> Temporary Employee of International/Non-Profit Organization <input type="checkbox"/> Owner of Registered Business <input type="checkbox"/> Owner of <u>Unregistered</u> Business <input type="checkbox"/> Support Family-owned Business <input type="checkbox"/> Freelance <input type="checkbox"/> Daily Wager/Temporary Worker <input type="checkbox"/> Househusband/Housewife <input type="checkbox"/> Student <input type="checkbox"/> Monk/Priest <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	
Remark: For Occupation of Househusband/Housewife, Students, Monks/Priests, Retired, or Unemployed do not need to specify a Field of Occupation part	
Field of Occupation: <input type="checkbox"/> Teacher/Instructor <input type="checkbox"/> Police/Military <input type="checkbox"/> Judge/Attorney <input type="checkbox"/> Lawyer <input type="checkbox"/> Doctor <input type="checkbox"/> Dentist <input type="checkbox"/> Veterinarian <input type="checkbox"/> Pharmacist <input type="checkbox"/> Nurse <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Pilot <input type="checkbox"/> Flight Attendant <input type="checkbox"/> Salesperson <input type="checkbox"/> Accountant <input type="checkbox"/> Online Business <input type="checkbox"/> Production Staff <input type="checkbox"/> Agriculture (Farming, Husbandry, Fishery) <input type="checkbox"/> Money Transfer Service <input type="checkbox"/> Money Exchange Service <input type="checkbox"/> Cryptocurrency and Token Digital Trading <input type="checkbox"/> Travel Agent <input type="checkbox"/> Foreign Worker/Expat Recruitment Agent <input type="checkbox"/> Trader of Gems/Jewelry/Gold <input type="checkbox"/> Trader of Used Cars, Amulets and Antiquities <input type="checkbox"/> Entertainment (Karaoke, Massage Parlors, Pubs, Bars) <input type="checkbox"/> Casino or Gambling House Business <input type="checkbox"/> Trader of Arms and Ammunition <input type="checkbox"/> Other, (Please specify)	
Registered Address 1. Alien Identification Card, Please specify Postal Code <input type="text"/>* 2. Passport, Please specify Address in Country of Nationality below: Street Address (Number, Street and Apt. or Suite No.) * City * Province/State/County * Country * Postal Code Contact Address (in Thailand): <input type="checkbox"/> As on Registered Address (In case of Alien Identification Card) <input type="checkbox"/> Other, (Please specify) Name of Place No. Building Floor Room Village No. (Moo) Village (Moo Baan) Lane/Alley (Soi) Road Sub-District (Tambon/Khwaeng) City/District (Amphoe/Khet) Province Postal Code <input type="text"/>	
Contact Number (In Thailand) <input type="text"/> Ext. <input type="text"/> <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Office Phone <input type="checkbox"/> Home Phone Email Address (Capital Letter) <input type="text"/> <input type="checkbox"/> Private E-mail <input type="checkbox"/> Office E-mail	
Name and Address of Workplace: Please specify workplace details for every occupation <u>except</u> Househusband/Housewife, Students, Monks/Priests, Retired, or Unemployed. Name of Workplace: Workplace Address: <input type="checkbox"/> As on Registered Address <input type="checkbox"/> As on Contact Address (In Thailand) <input type="checkbox"/> Other, (Please specify) No. Building Floor Room Village No. (Moo) Village (Moo Baan) Lane/Alley (Soi) Road Sub-District (Tambon/Khwaeng) City/District (Amphoe/Khet) Province Postal Code <input type="text"/>	
Education: <input type="checkbox"/> Elementary School <input type="checkbox"/> Secondary School <input type="checkbox"/> Vocational Certificate/High Vocational Certificate/Diploma <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Not Specify	
Country's Source of Income: (Please select only one) <input type="checkbox"/> Thailand <input type="checkbox"/> Other country, (Please specify) Source of Income: <input type="checkbox"/> Savings <input type="checkbox"/> Business Income <input type="checkbox"/> Wages/Salary <input type="checkbox"/> Inheritance/Gifts <input type="checkbox"/> Proceeds Earned from Investments (More than 1 item can be selected) <input type="checkbox"/> Other, (Please specify)	
Income per Month: <input type="checkbox"/> Less than – 8,000 <input type="checkbox"/> 8,000 – 14,999 <input type="checkbox"/> 15,000 – 19,999 <input type="checkbox"/> 20,000 – 29,999 <input type="checkbox"/> 30,000 – 49,999 (Baht/month) <input type="checkbox"/> 50,000 – 69,999 <input type="checkbox"/> 70,000 – 99,999 <input type="checkbox"/> 100,000 – 249,999 <input type="checkbox"/> 250,000 – 499,999 <input type="checkbox"/> 500,000 – 999,999 <input type="checkbox"/> 1,000,000 – 1,499,999 <input type="checkbox"/> 1,500,000 – 2,499,999 <input type="checkbox"/> 2,500,000 – 4,999,999 <input type="checkbox"/> 5,000,000 – 7,499,999 <input type="checkbox"/> 7,500,000 - More	
Objective of Account: (More than 1 item can be selected) <input type="checkbox"/> Savings <input type="checkbox"/> Investment <input type="checkbox"/> Loan Payment <input type="checkbox"/> Payroll Account <input type="checkbox"/> Other, (Please specify)	
For the Individual Account/Loan Request, please specify the Ultimate Beneficial Owner refers to the natural person who ultimately owns or controls an account and/or the natural person on whose behalf a transaction is being conducted. <input type="checkbox"/> As indicated in Account Name <input type="checkbox"/> Other, (Please specify) Name – Surname (ID document required)	

I hereby certify that the above information are true and correct as required for the opening of an account with KASIKORNBANK PCL. In case of any change in the future, the Bank shall be informed. I further agree and acknowledge that in case I give consent any other person to jointly use my account for the transfer or withdrawal, which has caused any damage to the third party, I shall be responsible for such damage and legal consequence arising therefrom

Applicant's Signature

(.....)

Date

For RM/PS: KYC Offsite process and KYC Level 3 customers must be considered and approved by AML Officer.

Signature ID No. <input type="text"/> Recorder No.1	Signature ID No. <input type="text"/> Recorder No.2	Signature ID No. <input type="text"/> *Recorder AML officer
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Juristic Person Data for Service Application

ธนาคารกสิกรไทย
开泰银行 KASIKORNBANK



<input type="checkbox"/> PCL. <input type="checkbox"/> LTD. <input type="checkbox"/> LP. <input type="checkbox"/> ROP. <input type="checkbox"/> JV. <input type="checkbox"/> Others : (Please specify)			
Name Juristic Person (in English)			
Name Juristic Person (in Thai)(If any)			
Managing Director (Please specify Name – Surname - Middle Name and attach with identification document at least one person)			
1. Name Surname Middle Name.....(if any)			
2. Name Surname Middle Name.....(if any)			
3. Name Surname Middle Name.....(if any)			
Contact Information			
Contact Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Ext. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
E-mail Address (Office): <input type="text"/>			
Website (URL): <input type="text"/>			
Contact Address (in Thailand) : <input type="checkbox"/> As on Certificate <input type="checkbox"/> Others : (Please specify)			
Name of Place			
No. Building Floor Room Village No.(Moo)..... Village			
Lane/Alley(Soi) Road Sub-District (Tambon/Khwaeng)			
City/District (Amphoe/Khet) Province Postal Code <input type="text"/>			
Type of Main Business :			
Estimated Income of Business : (per year) <input type="checkbox"/> Less than 10 MB <input type="checkbox"/> 10 MB - less than 50 MB <input type="checkbox"/> 50 MB - less than 400 MB			
(MB : Million Baht) <input type="checkbox"/> 400 MB - less than 800 MB <input type="checkbox"/> 800 MB - less than 5,000 MB <input type="checkbox"/> 5,000 MB or more			
Estimated Total Asset : <input type="checkbox"/> Less than 10 MB <input type="checkbox"/> 10 MB - less than 50 MB <input type="checkbox"/> 50 MB - less than 400 MB			
(MB : Million Baht) <input type="checkbox"/> 400 MB - less than 800 MB <input type="checkbox"/> 800 MB - less than 5,000 MB <input type="checkbox"/> 5,000 MB or more			
Country's Source of Income : (Please specify only one) <input type="checkbox"/> Thailand <input type="checkbox"/> Others Country : (Please Specify).....			
Further Information Regarding to the Opening Account			
Correspondence (in Thailand) : <input type="checkbox"/> As on Certificate <input type="checkbox"/> Same as Contact Address <input type="checkbox"/> Other (Please specify)			
Name of Place			
No. Building Floor Room Village No.(Moo)..... Village			
Lane/Alley(Soi) Road Sub-District (Tambon/Khwaeng)			
City/District (Amphoe/Khet) Province Postal Code <input type="text"/>			
Objective of Account : (More than 1 item can be selected.) <input type="checkbox"/> For Business Purposes <input type="checkbox"/> For Investment <input type="checkbox"/> Others : (Please specify).....			
Source of Income/Funds Circulation/Debt Repayment <input type="checkbox"/> Business Income <input type="checkbox"/> Return from Financial Instruments <input type="checkbox"/> Remuneration from services			
(More than 1 item can be selected.) <input type="checkbox"/> Others : (Please specify).....			

I/We hereby that the above details are true and accurate as required for opening the account with KASIKORNBANK PCL. In case of any change in the future, the Bank shall be informed.

Applicant's Signature

(.....)

Date

Seal (if any)

For RM/PS : KYC Offsite process and KYC Level 3 customers must be considered and approved by AML Officer.

Signature ID <input type="text"/>	Signature ID <input type="text"/>	Signature ID <input type="text"/>
Recorder No.1	Recorder No.2	*Recorder AML officer

*Customer KYC L3 by Recorder AML officer approve