

Single Account Account For Account By Joint Account (Please Specify Relationship)

Date/...../.....

* is required field.

1. Details of Unit holder

Mr. Mrs. Ms. Others (Please Specify) Unit holder name*

ID Type* Personal ID Card Passport Government ID Card Others (Please Specify)

Card No.* Issued by Issued Date/...../..... Expiry Date*/...../.....

Date of Birth*/...../..... Nationality Thai Others (Please Specify)

Status Single Married

Divorced Widow

Name of Spouse

ID Type (spouse's) Personal ID Card Passport

Government ID Card Others (Please Specify)

Card no. Mobile (spouse's)

Address (spouse's) Same as unit holder Others (Please specify)

Contact Person (In case of emergency only) Mobile

Guardian Name (In case the unit holder is a minor) Relationship

Minor information (Under 20 years of age)

1. Name ID No. Date of Birth/...../.....

2. Name ID No. Date of Birth/...../.....

3. Name ID No. Date of Birth/...../.....

2. Address

2.1 Contact-Mailing Address*

No. Moo No. Building/Village Floor..... Soi Road

Sub-district District Province Country Post Code

Telephone..... Mobile* Fax..... Email*

NOTES: The Company will send documents to your given email address as mentioned above.

I/We would not like to receive documents from company by email. (Except the case that apply for the transact fund via Internet trading)

2.2 Current Address in Thailand* (In case of foreigner, please fill in current address in Thailand)

Same as contact-mailing address Others (Please specify)

No. Moo No. Building/Village Floor..... Soi Road

Sub-district District Province Country Post Code

2.3 Registered Address* (In case of foreigner, please fill in address in home country)

Same as contact-mailing address Same as current address in Thailand Others (Please specify)

No. Moo No. Building/Village Floor..... Soi Road

Sub-district District Province Country Post Code

2.4 Address of Employer*

Same as contact-mailing address Same as current address in Thailand
 Same as registered address Others (Please specify)

Company's name.....

No. Moo No. Building/Village Floor..... Soi Road

Sub-district District Province Country Post Code

Telephone..... Fax Work Email

3. Investment objectives and Your ultimate beneficial owner

Investment Objectives/Financial Goals* (Please choose one or more as applicable)

- | | |
|--|--|
| <input type="checkbox"/> Short-term Investment | <input type="checkbox"/> General Savings |
| <input type="checkbox"/> Long-term Investment | <input type="checkbox"/> Family's stability |
| <input type="checkbox"/> Retirement Investment | <input type="checkbox"/> Tax Benefit |
| <input type="checkbox"/> Profit | <input type="checkbox"/> Others (Please specify) |

Are you an ultimate beneficial owner who have authority to make decision for doing transactions?*

Yes No (If No, please fill up personal information of ultimate beneficial owner in Client Profile Form and enclose the copy of ID documents.)

Name ID card No. Relationship

Current Address Telephone Mobile

House Registration Address Same as current address Others (Please specify)

4. Occupation and Source of Income

Occupation* (Please choose one or more as applicable)

- Founder / Top Management of Non-Profit Organization
- Business Owner / Family Business
- Government Employee
- State Enterprise Employee
- Doctor / Nurse
- Teacher
- Corporate Employee
- Politician
- Investor
- Non-Profits Organization Employee
- Self Employed / Freelance (Please specify).....
- Househusband or Housewife
- Student
- Retirement
- Buddhist Monk / Priest
- Unemployed
- Others (Please specify)

Type of Business*

- Tourism Business
- Arms/Weapons Supplier or Broker
- Casino and Gambling Business
- Recruitment Agency
- International/Domestic Money Transfer (Non-Financial Institutional)
- Real Estate Broker or Agent
- Antique Business / Gold and Gemstone Trading Business
- Entertainment Facility
- Legal Firm and/or Audit Firm Owner
- Foreign Currency Exchange
- Non-Profits Organizations
- Others (Please specify)

What is an expected amount of your initial investment with the Company?* Baht

I am related to and/or deemed "politically exposed persons". * Yes (Please specify) No

ever never involved in any offences under anti-money laundering law and regulations.

ever never been denied to execute the financial transactions with other financial institutions.

Country of source of income Thailand Oversea (Please specify)

Job Position

(Please specify)*

Please specify your average monthly income *

- ≤ 15,000 Baht
- > 15,000 - 30,000 Baht
- > 30,000 - 50,000 Baht
- > 50,000 - 100,000 Baht
- > 100,000 - 500,000 Baht
- > 500,000 - 1,000,000 Baht
- > 1 Million Baht

Please describe source of incomes*

(Please choose one or more as applicable)

- Salary/Pension
- Savings
- Dividend or Saving Interests
- From another person (Please fill the information below)
- Personal Business
- Heritage or Gift
- Capital Gain
- Others (Please specify)

Have source of incomes from another person. (Please specify relationship) Spouse Father/Mother Child Others

Name ID No. Company's name.....

Occupation (Please choose one or more as applicable)

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Job Position

(Please specify)

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Please describe source of incomes

(Please choose one or more as applicable)

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- Capital Gain
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Note:

Mutual funds are not bank deposits and are subject to risks. Investment return and principal value will fluctuate your unit trusts, when redeemed, may be worth more or less than the original cost

1. I hereby certify and attest that to the best of my knowledge and belief, the information given herein is true, complete and accurate in all respects. In addition, I hereby undertake to promptly inform the Company of any changed to the information provided herein.
2. I hereby give consent to the Company to verify my information with third parties and agree to disclose the said information to them for the verification purposes as it deems appropriate.
3. In case of opening new account, I agree and accept that the Company has the right to approve or refuse my account application and any other account servicing with the Company or refuse to do business with me without giving any clarifications
4. I/We irrevocably consent to the Management Company to the disclosure of any information under all of my/our Mutual Fund Account(s) opened with the Management Company to any organization or government agencies domestically or abroad for the verification purposes or to comply with relevant laws or obligations as the Management Company deems appropriate. In case I/We fail to comply with the request from the Management Company to provide additional information, documents or consents to Management Company as required by the afore-mentioned laws or obligations, I/We hereby authorize and irrevocably consent to the Management Company to close my/our Mutual Fund Account(s) opened with the Management Company and/or to redeem all of my/our outstanding unit trusts for the purpose of the closure of my/our Mutual Fund Account(s) as the Management Company deems appropriate as if it was done by me/us. I/We hereby agree not to demand for any damages arising thereof from the Management Company.

FOR OFFICE USE ONLY

Recorded by

Department

Date of contact with client

Signature

Date