

Date \_\_\_\_\_

**APPLICATION FOR AMENDED BANKING TRANSACTION VIA TELEPHONE  
AND/OR FACSIMILE INSTRUCTION**

**IMPORTANT NOTICE**

*Dear Customer:*

*Please read this document carefully to understand its contents. Should you need any clarification or have any question, please feel free to contact our official responsible for this document or seek proper advice from any advisor or consultant as you deem appropriate.*

**SUMITOMO MITSUI BANKING CORPORATION, BANGKOK BRANCH**

**Account Name** \_\_\_\_\_ **(the "Customer")**

makes this amendment to the Application for Banking Transaction via Telephone and/or Facsimile Instruction ("Amendment") to update the list of authorized person of the Customer for giving and confirming instruction as specified under the Application and to add the list of authorized person of the Customer for general telephone and/or facsimile communication with the Bank as attached to this Amendment;

**The Customer agrees as follows:**

1. The list of authorized person of the Customer attached hereto shall replace the existing list of authorized person of the Customer attached to the Application for Banking Transaction via Telephone and/or Facsimile Instruction previously submitted to the bank ("Application").
2. The Bank may inquire the Customer's authorized person to ensure the details of any information given to the Bank for verification purpose.
3. This Amendment shall be deemed an integral part of the Application.
4. All other provisions of the Application which have not been amended by this Amendment shall remain in full force and effect.



**LIST OF AUTHORIZED PERSON OF THE CUSTOMER**

The following persons who are authorized to give instruction to proceed the banking transaction in connection with the selected Transaction and/or general communication, by telephone and/or facsimile on behalf of the Customer.

(A) The person authorized to give instructions to proceed with the banking transaction in connection with the selected transaction by telephone and or facsimile on behalf of the customer. This includes making inquiries about general information related to the customer's account and transactions.

(B) The person authorized only to call and make inquiries about general information related to the customer's account and transactions.

Full Name	Title	Department	Office / Mobile Phone	(A)	(B)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

The Customer's Facsimile No. use for sending instruction: \_\_\_\_\_

Remarks (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature(s) with Company Chop