



Application for Opening Corporate Account

I/We hereby request the bank to open the following account.

Date _____

Type of Account (please tick as appropriate)

Current Account (THB only)

Saving Account THB USD JPY Other _____

Fixed Deposit Account THB USD JPY Other _____

Business Information

Account Name _____ (The "Customer")

Registered Address _____

Tel. _____ Fax. _____ Registration No./Tax ID . _____

Purpose of Account

Type of Business _____ Source of Fund (country) _____

The account will be used for the following purposes (please tick all applicable purpose)

For Payment and Receipts of Funds/Settlement Treasury Products Credit Facilities, Loan Products

Fixed Deposit Trade Products Others (Please specify) _____

What is the expected transaction volume and value

	Transaction volume per month	Estimate Amount and Currency per transaction
Fixed deposit		
Remittance		
Domestic payment		
Loan		
Others		

We have dealing in or with persons from any of the following countries, whether directly or indirectly (including via other countries)
(Please tick all applicable)

Iran North Korea Cuba Syria Crimea region of Ukraine Myanmar

Donbas region (including Donetsk and Luhansk) of Ukraine Russia Belarus None of the Above



Documents and Delivery Method

Monthly Account Statements and Treasury Related Products:

- For new customer, documents will be delivered via e-mail only (Please complete e-mail registration form).
- For existing customer, documents delivery method is applied by referring the latest instruction provided 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 documents which already provided to the Bank, if they 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 Non-Resident 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 and Conditions applicable to the my/our relevant account.

Authorized Signature & Company Stamp (if applicable)

Name: _____

For Bank Use Only

Customer Information Department

Date Opened:

Account Number:

Front Office

ISIC Code:

Approver	Checker	Maker

MGMT	Manager	Front Office



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 company's seal	
---------------------------	--

Full name: _____ Signature	Full name: _____ Signature
Tel. _____	Tel. _____

Full name: _____ Signature	Full name: _____ Signature
Tel. _____	Tel. _____

For Bank Use Only	<table border="1" style="margin: auto;"> <tr><td style="padding: 2px;">Authorized Person</td></tr> <tr><td style="height: 30px;"> </td></tr> </table>	Authorized Person	
Authorized Person			