

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 Employee <input type="checkbox"/> State Enterprise Employee <input type="checkbox"/> Private Company Employee <input type="checkbox"/> Freelance <input type="checkbox"/> Business Owner <input type="checkbox"/> Daily Wage/Temporary Worker <input type="checkbox"/> Househusband/Housewife <input type="checkbox"/> Student <input type="checkbox"/> Farmer <input type="checkbox"/> Monk/Priest <input type="checkbox"/> Retired			
Field of Occupation (Occupation: Househusband/Housewife, Students, Farmers, Monks/Priests, or Retired do not need to specify a Field of Occupation part) <input type="checkbox"/> Teacher/Instructor <input type="checkbox"/> Police/Military <input type="checkbox"/> Judge/Attorney <input type="checkbox"/> Lawyer <input type="checkbox"/> Doctor/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"/> Money Transfer Service <input type="checkbox"/> Travel Agent <input type="checkbox"/> Online Business <input type="checkbox"/> Money Exchange Service <input type="checkbox"/> Immigration Employment/Expat Recruitment <input type="checkbox"/> Trader of Gems or Gold <input type="checkbox"/> Trader of Antiques <input type="checkbox"/> Entertainment Business <input type="checkbox"/> Casino or Gambling House Business <input type="checkbox"/> Trader of Arms and Ammunition <input type="checkbox"/> Other (Please specify)			
Contact Address <input type="checkbox"/> As on Address in Country of Nationality <input type="checkbox"/> Other, please specify the details in Contact Address			
Address in Country of Nationality Name of Place No Building Street Address Province/City/District..... Postal Code _ _ _ _ _		Contact Address (in Thailand) 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 _ _ _ _ _	
Contact Number _ _ _ _ _ Ext. _ _ _ _ _		<input type="checkbox"/> Mobile Phone <input type="checkbox"/> Office Phone <input type="checkbox"/> Home Phone	
Email Address (Capital Letter) _ _ _ _ _		<input type="checkbox"/> Private E-mail <input type="checkbox"/> Office E-mail	
Workplace: For occupation of Government Officer, State Enterprise Employee, Private Enterprise Employee, Freelance, Business Proprietor, Hired Worker/Temporary Worker must provide workplace details Name of Workplace Workplace Address <input type="checkbox"/> As on Address in Country of Nationality <input type="checkbox"/> As on Contact Address <input type="checkbox"/> Other, (Please Specify) No Building Floor Room Moo Village Lane/Alley (Soi) Road Sub-District City/District Province/State/County Postal Code _ _ _ _ _			
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			
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 – 49,000 (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			
Country's Source of Income (Please select 1 only) <input type="checkbox"/> Thailand <input type="checkbox"/> Other country, (Please Specify)			
Estimated Total Asset <input type="checkbox"/> Less than 1 MB. <input type="checkbox"/> 1 MB. – Less than 2 MB. <input type="checkbox"/> 2 MB. – Less than 5 MB. <input type="checkbox"/> 5 MB. – Less than 10 MB. (MB: Million Baht) <input type="checkbox"/> 10 MB. – Less than 15 MB. <input type="checkbox"/> 15 MB. – Less than 20 MB. <input type="checkbox"/> 20 MB. - 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)			
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)			
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 _ _ _ _ _ Recorder No.1	Signature ID _ _ _ _ _ Recorder No.2	Signature ID _ _ _ _ _ *Recorder AML officer
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*Customer KYC L3 by Recorder AML officer approve