



Individual Customer Individual Related to Juristic Person: Name of Juristic Person.....

Authorized Signature (B02) Only in presence Authorized Person for Payment (B23) Letter of Power of Attorney required

Name – Last name Name _____ Last name _____

Middle Name _____(if any)

Marital Status: Single Married Widowed Divorced

Occupation Government Employee State Enterprise Employee Private Company Employee Freelance Business Owner

Daily Wage/Temporary Worker Househusband/Housewife Student Farmer Monk/Priest Retired

(Occupation: Househusband/Housewife, Students, Farmers, Monks/Priests, or Retired do not need to specify a Field of Occupation part)

Occupation Field Teacher/Instructor Police/Military Judge/Attorney Lawyer Doctor/Dentist Veterinarian

Pharmacist Nurse Architect Engineer Pilot Flight Attendant

Salesperson Accountant Money Transfer Service Travel Agent Online Business Money Exchange Service

Immigration Employment/Expat Recruitment Trader of Gems or Gold Trader of Antiques Entertainment Business

Casino or Gambling House Business Trader of Arms and Ammunition Other, (Please specify).....

Contact Address As on Address in Country of Nationality Other, please specify the details in Contact Address

Address in Country of Nationality: Name of Place..... Street Address.....

City/District..... Province/State/County..... 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. _____ Mobile Phone Office Phone Home Phone

Email Address: (in block letters) _____ Private E-mail Office E-mail

Workplace: For occupation of Government Employee, State Enterprise Employee, Private Enterprise Employee, Freelance, Business Proprietor, Hired Worker/Temporary Worker must provide workplace details

Name of Workplace

Workplace Address As on Address in Country of Nationality As on Contact Address Other, (Please Specify)

No..... Building..... Floor..... Room..... Village No. (Moo).....

Village..... Lane/Alley (Soi)..... Road

Sub-District (Tambon/Khwaeng) City/District (Amphoe/Khet)

Province/State/County..... Postal Code _____ Country.....

Objective of Account (More than 1 item can be selected.) Savings Investment Loan Payment Payroll Account Other, (Please specify).....

Country's Source of Income (Please select only one) Thailand Other country, (Please Specify).....

Income per Month (Baht) Less than 8,000 8,000 – 14,999 15,000 – 19,999 20,000 – 29,999 30,000 – 49,999

50,000 – 69,999 70,000 – 99,999 100,000 – 249,999 250,000 – 499,999 500,000 – 999,999

1,000,000 – 1,499,999 1,500,000 – 2,499,999 2,500,000 – 4,999,999 5,000,000 – 7,499,999 7,500,000 or more

Education Lower High School High School Vocational Certificate/High Vocational Certificate/Diploma Bachelor's Degree

Master's Degree Doctorate Not Specify

Source of Income/Deposit (More than 1 item can be selected.) Savings Business Income Wages/Salary Inheritance/Gifts

Proceeds Earned from Investments Other, (Please specify).....

Ultimate Beneficial Owner in loan request* As indicated in Account Name Other, (Please attach with ID document) please specify,

Name – Last name ID No.

*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.

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.

For customer		
Applicant's Signature.....		
(.....)		
Date.....		
For sales officer (by DSA)	For Bank officer (RM/PS/Branch)	For Credit Service Fulfillment Department
Already verified.	Already verified.	Data was already recorded in the S1 system.
Signed.....	Signed.....	Signed.....
(Name.....Employee ID.....)	(Name.....Employee ID.....)	(Name.....Employee ID.....)
Date.....	Date.....	Date.....



PCL. LTD. LP. ROP. JV. Others : (Please specify).....

Name of Applicant in Thai (Juristic Person)..... (If any)

Name of Applicant in English (Juristic Person).....

Managing Director (Please specify Name – Surname - Middle Name and attach with identification document)

Name..... Last-name..... Middle Name..... (if any)

National ID Card No Passport No. (for foreigners).....

Contact Address (in Thailand) : As on Certificate 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

Contact Number Ext. Fax

E-mail Address (Office):

Website (URL):

Type of Main Business : **Business Code (For Bank Use)**

Country's Source of Income (Please specify only one) 1. Thailand 2. Others Country, (Please Specify).....

Estimated Income of Business (per year) (MB : Million Baht)

1. Less than 10 MB 2. 10 MB - less than 50 MB 3. 50 MB - less than 400 MB

4. 400 MB - less than 800 MB 5. 800 MB - less than 5,000 MB 6. 5,000 MB or more

Objective of Account (More than 1 item can be selected.) : 1. For Business Purposes 2. For Investment 3. Other, please specify.....

Source of Income / Funds for Debt Repayment (More than 1 item can be selected.) :

1. Business Income 2. Returns of investment instruments 3. Remuneration from services 4. Other, please specify.....

Estimated Total Asset (MB : Million Baht)

1. Less than 10 MB 2. 10 MB - less than 50 MB 3. 50 MB - less than 400 MB

4. 400 MB - less than 800 MB 5. 800 MB - less than 5,000 MB 6. 5,000 MB or more

Correspondence (in Thailand) : As on Certificate Same as Contact Address 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

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.

For juristic person		
Applicant's Signature..... (Authorized Signatory) (.....) Date.....	Applicant's Signature..... (Authorized Signatory) (.....) Date.....	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> Seal (if any)
For sales officer (by DSA)	For Bank officer (RM/PS/Branch)	For Credit Service Fulfillment Department
Already verified. Signed..... (Name..... Employee ID.....) Date.....	Already verified. Signed..... (Name..... Employee ID.....) Date.....	Data was already recorded in the S1 system. Signed..... (Name..... Employee ID.....) Date.....