

Duty Stamp
10 Bath

POWER OF ATTORNEY

Written at.....

Date.....Month..... B.E.

I, Mr./Mrs./Ms.(First Name (s)).....Family Name.....
Age.....Nationality.....Race.....Current Address.....
Thai ID Card Number/Passport Number.....Issued at.....
Date of Issue.....Date of Expiry.....Reachable Contact Number.....

hereby authorize and appoint Mr./Mrs./Ms. (First Name (s)).....
Family Name.....Age.....Nationality.....Race.....
Current Address.....
Thai ID Card Number/Passport Number.....Issued at.....
Date of Issue.....Date of Expiry.....Reachable Contact Number.....

as my representative to.....
and to take any related actions in this regard until completion on my behalf. What has been done
by my representative shall remain in full force and effect as if personally been done by me.
In witness whereof, I hereby sign my name as evidence.

Signed.....Grantor of Authorization
(.....)

Signed.....Authorized Representative
(.....)

Signed.....Witness
(.....)

Signed.....Witness
(.....)