

I/We (Client Name) _____

() Securities Trading A/c No. _____ () Derivatives Trading A/c No. _____ () Unit Trust A/c No. _____

wish to have the following changes / corrections by having this respect as a part of the Securities Brokerage Agreement and Securities Trading Application Form which duly signed to the company.

For Account's Holder Only (Please accurately mark ✓ as specified and fill in below)	
<input type="checkbox"/> Change of Name / Surname	Attached with the certified true copy of the following document : <input type="checkbox"/> Change of Name / or Surname Certificate <input type="checkbox"/> Marriage License <input type="checkbox"/> ID Card / Passport <input type="checkbox"/> Others (specify) _____
<input type="checkbox"/> Change of Signature (Cancel previous signature)	Previous Signature. _____ New Signature _____
<input type="checkbox"/> Add Signature	Required : 1. ID Card / Passport (certified true copy) 2. Two Specimen Signature Card
<input type="checkbox"/> Change of Address	<input type="checkbox"/> Office Address <input type="checkbox"/> Present Address
<input type="checkbox"/> Change of Telephone No.	<input type="checkbox"/> Office Address <input type="checkbox"/> Present Address <input type="checkbox"/> Mobile
<input type="checkbox"/> Change of Fax No.	<input type="checkbox"/> Office Address <input type="checkbox"/> Present Address
<input type="checkbox"/> Change of Document Delivery Method	<input type="checkbox"/> By Mail <input type="checkbox"/> At KT ZMICO's Counter <input type="checkbox"/> By Messenger
<input type="checkbox"/> Change of Address for Document Delivery	<input type="checkbox"/> Office Address <input type="checkbox"/> Present Address <input type="checkbox"/> Others (Please Specify)
<input type="checkbox"/> Mail for Notification of Financial Benefits	<input type="checkbox"/> Office Address <input type="checkbox"/> Present Address <input type="checkbox"/> At KT ZMICO <input type="checkbox"/> Others (Please Specify)
<input type="checkbox"/> Change of Settlement Method	<input type="checkbox"/> From Cash Balance to ATS <input type="checkbox"/> From ATS to Cash <input type="checkbox"/> Others _____
<input type="checkbox"/> Change of Bank of Account for ATS	Required : 1. Letter of Consent for Debit to the Bank Account (ATS) 2. The copy of Passbook
<input type="checkbox"/> Order Submitted Via Internet System	<input type="checkbox"/> Cash A/c (C) <input type="checkbox"/> Cash A/c (N) <input type="checkbox"/> Credit Balance A/c (B) <input type="checkbox"/> TSFC (T)
<input type="checkbox"/> Change E-mail Address	<input type="checkbox"/> Change of Marketing Officer
<input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Adjust Credit Line
<input type="checkbox"/> Additional Service Request (Please attach a copy of "Id. Card or Passport (Foreign)" with Certified true)	<input type="checkbox"/> Close Account
<input type="radio"/> Securities Trading	<input type="checkbox"/> Cash (C) () Cash Balance () ATS Cr. Line _____ Baht <input type="checkbox"/> Cash (N) - Cash Balance
	<input type="checkbox"/> Internet (I) () Cash Balance () ATS Cr. Line _____ Baht <input type="checkbox"/> Credit Balance (TSFC)
	<input type="checkbox"/> International Cr. Line _____ Baht
<input type="radio"/> Derivatives Trading	Cr. Line _____ Baht
	<input type="radio"/> Unit Trust
I acknowledge and having been explained for the investment risks on the requested additional activity by the marketing officer together with all risks which presented in the Brokerage Agreement and/or all parts of attachments thoroughly. I accept and respond for such risk which may occur in all situations.	
Please specify the change clearly in the block below :-	
Previous Information	New Information
Signature : _____ Account's Holder	
(Please sign as duly given to the company)	

For Company Use Only			
Settlement / Marketing	Customer Services & Credit Control		
Sign : _____	Checked by : _____	Approved by : _____	Corrected by : _____
_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____