| Single Form for Capital Market (Individual) |                                       |   |  |  |  |  |  |
|---|---------------------------------------|---|--|--|--|--|--|
| Intermediary name                           |                                       |   |  |  |  |  |  |
| Date DD-MM-MMM (A.D. or B.E                 | .)                                    |   |  |  |  |  |  |
| Account Type 🗌 Own Account                  | □ For Account □ By Acc                | ount 🗌 Joint Account (for Mutual Fund)            |  |  |  |  |  |
| 1. Personal Information – For A             | ccount Opening                        |   |  |  |  |  |  |
|   |                                       | her   |  |  |  |  |  |
| 1.2 Name – Surname :                        |                                       |   |  |  |  |  |  |
| 1.3 Nationality                             |                                       |   |  |  |  |  |  |
| 1.4 Marital Status 🗌 Single 🗌               | Married                               |   |  |  |  |  |  |
| Spouse                                      | Information Name - Surname:           |   |  |  |  |  |  |
| 1.5 Date of Birth                           | (A.D. or B.E.)                        |   |  |  |  |  |  |
| 1.6 ID Type                                 |                                       |   |  |  |  |  |  |
| □ ID Card No. □-□□□□-□[                     | Date of Exp                           | ry DD-MM-MMM (A.D. or B.E.)                       |  |  |  |  |  |
| Passport No.                                | Survey Sountry                        | Date of Expiry DD-DM-MMM (A.D. or B.E.)           |  |  |  |  |  |
|   |                                       | Date of Expiry                                    |  |  |  |  |  |
|   |                                       |   |  |  |  |  |  |
| 1.7 Current Address                         |                                       |   |  |  |  |  |  |
| □ Same as ID Card □ Other (P                | lease specify below)                  |   |  |  |  |  |  |
|   |                                       | Floor Soi   |  |  |  |  |  |
|   |                                       | trict/AmphurProvince                              |  |  |  |  |  |
| Postal Code Co                              | untry                                 |   |  |  |  |  |  |
|   |                                       |   |  |  |  |  |  |
| 1.8 Mailing Address                         |                                       |   |  |  |  |  |  |
|   | nation) (If you choose this option, y | your documents will be sent to your email address |  |  |  |  |  |
| as a main contact channel)                  |                                       |   |  |  |  |  |  |
|   |                                       |   |  |  |  |  |  |
|   |                                       | s (in 1.11) Other (Please specify below)          |  |  |  |  |  |
|   | 5                                     |   |  |  |  |  |  |
|   |                                       | District/Amphur                                   |  |  |  |  |  |
| Province Pos                                | lat Code Coun                         | uy  |  |  |  |  |  |
| 1.9 Contact Information                     |                                       |   |  |  |  |  |  |
| Mobile Phone                                |                                       |   |  |  |  |  |  |
| Home Telephone                              |                                       | Email   |  |  |  |  |  |
|   |                                       |   |  |  |  |  |  |
| 1.10 Occupation                             |                                       |   |  |  |  |  |  |
| Agriculturist                               | □ Investor                            | □ Housewife                                       |  |  |  |  |  |
| □ Student                                   | □ Monk/Priest                         | □ Retirement                                      |  |  |  |  |  |
|   |                                       | ify workplace address in item 1.11                |  |  |  |  |  |
| State Enterprise Employee                   | Corporate Employee                    | □ Family Business                                 |  |  |  |  |  |
| □ Doctor/Nurse                              |                                       | □ Politician                                      |  |  |  |  |  |
| 🗌 Government Employee                       | Business Owner                        | □ Self-Employee                                   |  |  |  |  |  |
| Other (Please specify)                      |                                       |   |  |  |  |  |  |
|   |                                       |   |  |  |  |  |  |
|   |                                       |   |  |  |  |  |  |

| 1.11 | Workplace Address  |   |  |  |  |  |
|------|--|---|--|--|--|--|
|      | Company name   | No Moo No Building/Mooban   |  |  |  |  |
|      | Floor Soi Road   | Sub-Distict/Tumbon  |  |  |  |  |
|      | District/Amphur Province   | Postal Code Country   |  |  |  |  |
|      | Position   |   |  |  |  |  |
| 1.12 | Business Type  |   |  |  |  |  |
|      | □ Antique Trading  | □ Hotel/Restaurant  |  |  |  |  |
|      | □ Foreign Currency Exchange  | Property/Real Estate  |  |  |  |  |
|      | □ Jewelry/Gold Trading   | □ Insurance/ Assurance  |  |  |  |  |
|      | Casino/Gambling  | Entertainment Business  |  |  |  |  |
|      | □ Travel Industry/Travel Agency  | University/School/Education Center  |  |  |  |  |
|      | □ Armament   | Financial Service / Banking   |  |  |  |  |
|      | $\Box$ Domestic or International Money Transfer  | □ Foundation/Association/Club/Temp/Mosque/Shrine  |  |  |  |  |
|      | $\Box$ Foreign Worker Employment Agency  | □ Other (Please specify)  |  |  |  |  |
| 1.13 | Investment Objective   |   |  |  |  |  |
|      | □ For Investment   | $\Box$ Retirement Investment  |  |  |  |  |
|      | □ For Tax Benefit  | $\Box$ Other (Please specify)   |  |  |  |  |
| 1.14 | Country's Source of income/Investment Fu   | und<br>Itries (Please specify)  |  |  |  |  |
| 1.15 | <ul> <li>5 Source of income (You can select more than 1 item)</li> <li>Salary Inheritance Savings Investment Retirement Fund Own Business</li> <li>Other (Please specify)</li> </ul> |   |  |  |  |  |
| 1.16 |  | 0       □ 30,001 - 50,000       □ 50,001 - 100,000         0,000       □ 1,000,001 - 4,000,000       □ 4,000,001 - 10,000,000 |  |  |  |  |
| 1.17 | Asset Value (Please specify)   |   |  |  |  |  |
| 1.18 | Are you a politician or family members or<br>Yes Please specify  |   |  |  |  |  |
| 1.19 | End Beneficiary owner  |   |  |  |  |  |
|      | Relationship with the account's owner $\Box$ (1) Spouse, child or adopted child $\Box$ (2) relatives other than (1) $\Box$ Others (Please specify)                                   |   |  |  |  |  |
|      | Name - Surname:  |   |  |  |  |  |
|      | Date of Birth  | E.)   |  |  |  |  |
|      | DID Card No. 0-000-000-000   |   |  |  |  |  |
|      | Passport No.   | ountry Date of Expiry DD-MM-YYYY (A.D. or B.E.)   |  |  |  |  |
|      | Alien Registration Card No.  | A.D. or B.E.)   |  |  |  |  |
|      | Residence Registration address   |   |  |  |  |  |
|      |  | Aooban Soi  |  |  |  |  |
|      |  | District/Amphur Province  |  |  |  |  |

# 2. Additional Information

| 2.1 Account type      | □ For Account                         | By Account                           | 🗆 Joint Account (Mutual Fund) |
|-----------------------|---------------------------------------|--------------------------------------|-------------------------------|
| 2.2 Account name      |                                       |                                      |                               |
| 2.3 Condition of Autl | horized signatories                   |                                      |                               |
|                       |                                       | ••••••                               |                               |
|                       |                                       |                                      |                               |
|                       |                                       |                                      |                               |
|                       |                                       |                                      |                               |
| •••••••••••••••••     | ••••••••••••••••••••••••••••••••••••• | •••••••••••••••••••••••••••••••••••• |                               |

### 2.4 Automated Transfer System : ATS

#### Bank Account for Subscription

| No. | Account           | Bank | Branch | Account No. | Account Name |
|-----|-------------------|------|--------|-------------|--------------|
| 1   | Primary account   |      |        |             |              |
| 2   | Secondary account |      |        |             |              |
| 3   | Secondary account |      |        |             |              |

#### Bank Account for Redemption proceeds and Dividend

- Same as Bank Account for Subscription
- Other Account (Please specify)

| No. | Account           | Bank | Branch | Account No. | Account Name |
|-----|-------------------|------|--------|-------------|--------------|
| 1   | Primary account   |      |        |             |              |
| 2   | Secondary account |      |        |             |              |
| 3   | Secondary account |      |        |             |              |

Remark: For bank account for subscription and bank account for redemption proceeds and dividend, the securities holder and the account holder must be the same person.

Statement of confirmation

I confirm that the information provided in the account opening application form and relevant supporting documents are truthful, complete and up-to-date, and I am the account owner who make decisions to buy and sell securities by oneself unless the beneficiary is another person which I will inform the intermediary.

.....

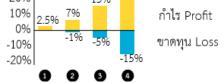
(.....)

Applicant Signature

Required document for applicant: 1) ID card / Passport 2) Financial Statement (Optional)

Highlighted text

| Suitability test for Individual Inves           | tor   |  |  |
|---|---|--|--|
| Questions 1-10 are used to assess the suitab    | pility of your investment   |  |  |
| 1. Please indicate your age                     |   |  |  |
| a. 60 years old or older b. 45 – 59 years       | c. 35 – 44 years d. Under 35 years  |  |  |
| 2. What is the proportion of your total expense | es at the present such as mortgage, cars, personal and family expenses?   |  |  |
| a. More than 75% of total income                | b. Between 50% and 75% of total income                                    |  |  |
| c. 25% to less than 50% of the income           | d. Less than 25% of total income  |  |  |
| 3. What is your current financial status?       |   |  |  |
| a. Less assets than liabilities                 | b. Assets equal liabilities   |  |  |
| c. More assets than liabilities                 | d. Having financial freedom for retirement life                           |  |  |
| 4. Do you have any investment experience or     | knowledge in the following types of investment products?                  |  |  |
| (You can choose more than 1 item)               |   |  |  |
| a. Bank Deposits                                | b. Government Bond or Government Bond Funds                               |  |  |
| c. Debentures or Mutual Funds                   | d. Common Stocks or Mutual Funds or other high-risk assets                |  |  |
| 5. What is your investment period target?       |   |  |  |
| a. Less than 1 year b. 1 to less than 3 ye      | ars c. 3 to 5 years d. More than 5 years                                  |  |  |
| 6. What is your risk tolerance?                 |   |  |  |
| a. Focus on opportunity in preserving origina   | l investment safely and receiving small consistent return                 |  |  |
| b. Focus on opportunity in receiving consiste   | ent return but may take risk of losing some original investment           |  |  |
| c. Focus on opportunity in receiving higher re  | eturn but may take risk of losing more original investment                |  |  |
| d. Focus on the highest long-term return but    | t may take risk of losing most of the original investment                 |  |  |
| 7. When considering sample picture below sho    | owing the potential returns of different investment portfolio, which      |  |  |
| investment portfolio are you most willing to    | o invest in?  |  |  |
| a. In   | vestment portfolio 1 (has chance to receive 2.5% return without any loss) |  |  |
|   | ivestment portfolio 2 (has chance to receive 7% highest return but may lo |  |  |
| 30% 25% up t                                    | co 1%)  |  |  |
| 20% 15%   | vestment portfolio 3 (has chance to receive 15% highest return but may    |  |  |



c. Investment portfolio 3 (has chance to receive 15% highest return but may lose up to 5%)

d. Investment portfolio 4 (has chance to receive 25% highest return but may lose up to 15%)

8. If you invest in assets that have chances to receive high return but also have chances to receive high loss, how would you feel?

a. Worried and afraid of loss

- b. Uneasy but somehow understand
- c. Understand and accept the fluctuations d. Not concerned about the large potential loss and expect that the return may increase
- 9. In which proportion will you be anxious or unacceptable when the value of your investment has decreased?
  - a. 5% or less b. More than 5%-10%
  - c. More than 10%-20% d. More than 20%
- 10. Last year, you invest 100,000 Baht. This year, the value of your investment decreased to 85,000 Baht. What will you do?
  - a. Panic and want to sell the remaining investment
  - b. Worried and will change some investment into less risky assets
  - c. Continue holding the investment and wait until the investment rebounds
  - d. Remain confident since it is long-term investment and will invest more to average cost

#### Questions 11-12 are used as additional information for guidance (Scores will NOT be counted)

Apply only to investment in derivatives and structure note

11. Successful derivatives and structure notes investment has high return. On the other hand, investors can lose all of their investment and must increase more capital. Are you able to accept this?

a. No

b. Yes

## Apply only to offshore investment

12. In addition to investment risk, are you able to accept foreign exchange rate risk?

a. No

b. Yes

## For Staff

Part 1: Assessment Scores

Answer a = 1 point Answer b = 2 points

Answer c = 3 points Answer d = 4 points

For Suitability Assessment No. 4, if selected more than one answer, the highest score of the answers will be selected. Part 2: Assessment Result

| Total Scores | Level | Investor Type of Risk |  |  |
|--------------|-------|-----------------------|--|--|
| Below 15     | 1     | Low                   |  |  |
| 15-21        | 2     | Moderate to Low       |  |  |
| 22-29        | 3     | Moderate to High      |  |  |
| 30-36        | 4     | High                  |  |  |
| Above 37     | 5     | Very High             |  |  |

Part 3: Basic Asset Allocation

|                       | Asset Allocation        |                 |           |        |         |  |  |
|-----------------------|-------------------------|-----------------|-----------|--------|---------|--|--|
| Investor Type of Risk | Deposits and Short-Term | Long-Term Fixed | Debenture | Equity | Other   |  |  |
|                       | Fixed Income Funds      | Income Funds    | Debenture | Fund   | Options |  |  |
| Low                   | >60%                    |                 | <20%      | <10%   | <5%     |  |  |
| Moderate to Low       | <20% <70%               |                 |           | <20%   | <10%    |  |  |
| Moderate to High      | <10% <60%               |                 |           | <30%   | <10%    |  |  |
| High                  | <10% <40%               |                 |           | <40%   | <20%    |  |  |
| Very High             | <5% <30%                |                 |           | >60%   | <30%    |  |  |

\* Including consumer products and derivatives products

Total Scores

Inspector Name (.....)

Date ...../...../...../

Assessor Name (.....)