

Notification of Membership Termination

Registered Provident Fund
For the Employer of

Date

To: The Thailand Securities Depository Co. Ltd., as registrar for provident fund members

The Fund Committee hereby notifies the TSD that the member named below has terminated his/her membership so that said member can receive proceeds from the fund (the employee's contribution, the employer's contribution and the benefits) in accordance with his/her rights as stipulated in the Fund's regulations. Details are as follows (**please fill in completely**):

Member Profile

First name- Last name..... Member Code Date of birth.....
Employment began on (Date) Employment ended on (Date)
Total working period year(s) months days
Started as fund member on (Date)..... Terminated membership on (Date).....
Was a member for year(s) months days Submitted last contribution on (Date).....
Tax identification number..... Population identification number.....

Reasons for Membership Termination

- Resigned from work
- Resigned from fund membership (still working)
- Retired (encl: certificate of retirement)
- Disabled (encl: medical certificate)
- Death (encl: a copy of death certificate, notification letter of beneficiaries (original), a copy of each beneficiary's population identification card)
- Switching to another registered provident fund, named
- Other (please specify).....

Conditions of Distribution

- Distribute the employer's contribution and its benefits at the rate of%
- Distribute the old fund and its benefits at the rate of %
- For that part of the employer's contribution and its benefits that the member is not entitled to, please process as follows:
 - Return to the employer
 - Distribute to other fund members as indicated in the fund's regulations
 - Other (please specify).....

Method of Payment

- All contributions and benefits to which the fund member is entitled to upon termination of membership should be paid by:
 - Cheque - A/C Payee Only
 - Other (please specify)Remarks.....
- The fund member wishes to maintain all of his/her contributions and benefits in the provident fund for not more than 1 (one) year from the date of membership termination. Attached please find the notification to maintain the contributions and benefits in the fund upon the termination of his/her membership.

We certify that the above information is complete, correct and do not object to the fund's procedural regulations.

Signed,

..... Fund member Fund Committee member

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..... Fund Committee member

Company Stamp (If any)

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