

## Client Profile Form For Individuals

Date

\*is required field. Unit Holder No. | |- | | | | 1. Details of Account holder Account Name\* Title\* Mr. Mrs. Ms. Others (Please Specify) ..... ID Type\* Personal ID Card Alien Registration Card Passport Issuing Country ...... No.\* Expiry Date\* No.\* Not Expired Spouse information Name ...... Contact information 2. Address 2.1 Contact-Mailing Address\* Road ......District ......District ..... Province \_\_\_\_\_\_Post Code \_\_\_\_\_\_Post Code The Company will send documents to your given email address as mentioned above in language 🔲 Thai 🔃 English I/We would not like to receive documents from company by email. (Except the case that apply for the transact fund via Internet trading) 2.2 Current Address\* (In case of foreigner, please fill in current address in Thailand) Same as contact-mailing address Road \_\_\_\_\_\_\_District \_\_\_\_\_\_District 2.3 Registered Address\* (For foreigner) In case client has address in country of citizenship, please fill in address in country of citizenship. ☐ In case client moved permanently from country of citizenship, please fill in permanent address. Same as current address Same as contact-mailing address Road \_\_\_\_\_\_\_ District \_\_\_\_\_\_ District Province Country Post Code 2.4 Address of Employer\* Same as current address Same as registered address Same as contact-mailing address Company's name Province .......Post Code .......Post Code 3. Investment objectives and Your ultimate beneficial owner **Investment Objectives/Financial Goals\*** (Please choose one or more as applicable) For Investment For Tax Benefits Retirement Investment Others (Please specify) ......

4. Occupation and Source of Inco	ome			
Occupation*				
Agriculturist Housewife	Buddhist Monk / Priest	☐ Investor ☐ Stu	dent Reti	rement
If you choose the following occupations,	, Please also specify workplace add	ress		
State Enterprise Employee	☐ Corporate Emplo	yee	Politician	
Family Business	Doctor / Nurse		Business Own	er
Teacher	Government Em	oloyee	Self-Employed	(Please specify)
Others (Please specify)				
Type of Business* (If you choose the S	elf-Employed. Business Owner. F	amily Business or Other)		
☐ Antique Trading	Financial Service	•	Travel Industry	/ / Travel Agency
Armament	Foreign Currency	_		hool / Education Center
Casino / Gambling	☐ Hotel / Restaura	•	Foreign Currer	
Co-operative/Foundation/Associatio	<u> </u>			e specify)
Temple/Mosque/Shrine	Jewelry / Gold Tra		•	
☐ Domestic or International Money Tra		-		
Entertainment Business	Foreign Worker E			
Job Position (Please specify)*				
Please specify your average monthly inc				
0 - 15,000 Baht	50,001 - 100,000 Baht	T 1000	,001- 4,000,000 Ba	ıht
15,001 - 30,000 Baht	100,001 - 500,000 Baht		,001 - 10,000,000	
30,001 - 50,000 Baht	500,001 - 1,000,000 Baht		000,000 Baht	Dant
Are you a politician or connected to ar	<b>ny Political person?*</b> 🔲 Yes (Pl	ease specify Position)		. No
Asset Value (Please specify)		Baht		
Assets include deposits, direct investments in sec				
Country's Source of income / Investme	ent Fund* Thailand Ot	ner countries (Please specify)		
•				
Please describe source of incomes* (Please				
Salary Savi		ment Fund Inheri	tance	Investment
Own Business Othe	ers (Please specify)			
Note:				
	are subject to ricks. Investment ret	urn and principal value will fluctu	into vour unit tructo	when radaemed may be worth
Mutual funds are not bank deposits and more or less than the original cost	are subject to risks. Investinent ret	um and principal value will flucti	iate your unit trusts,	when redeemed, may be worth
I hereby certify and attest that to the	best of my knowledge and belief, t	he information given herein is tru	ue. complete and acc	urate in all respects. In addition.
I hereby undertake to promptly inform		_	,	arate in all respects, in addition,
2. I hereby give consent to the Company			said information to th	nem for the verification purposes
as it deems appropriate.				
3. In case of opening new account, I agree and accept that the Company has the right to approve or refuse my account application and any other account servicing				
with the Company or refuse to do bus				
4. I/We irrevocably consent to the Man				
Management Company to any organ obligations as the Management Cor				
additional information, documents or				
irrevocably consent to the Managen				
of my/our outstanding unit trusts for				
done by me/us. I/We hereby agree no				
		<b></b>	(	)
		Signature	,	,
FOR OFFICE USE ONLY				
Recorded by			Date	
Department				
•				
Date of contact with client				

For data security and to comply with the Personal Data Protection Law, you can read the details on how we collect, use, transfer or disclose your personal information at our "Privacy Notice" as disclosed on our website at https://www.abrdn.com/en/thailand/privacy or from this QR Code.

