**Customer Information Form (Individual)**

Date....................................

- Copy of ID card/passport

 **Copy of Passport or Other Document**

**Signature**..................................................

**Contact Information (such as Phone Number/E-mail Address/Line)**..........................................................

**Current Address in Thailand**...........................................................Sub district....................................................... District.................................................................................Province.................................................................................

**Occupation**

🞎 Government Officer/Government Employee 🞎 State Enterprise Employee 🞎 Office worker

🞎 Lawyer 🞎 Accountant 🞎 Medical Physician/Dentist 🞎 Registered Nurse

🞎 Freeland 🞎 Butler/Housewife 🞎 Student 🞎 Retired 🞎 Monk/Priest 🞎 Politician 🞎 Business Owner (Please specify) ……………………………………………………………………………………………………………….

🞎 Trade in weapons 🞎 Trading of Precious Stones/Diamonds/Gems/Gold 🞎 Trade of Antiques 🞎 Foreign Exchange 🞎 Money Transfer 🞎 Tour/Travel Business 🞎 Casino

🞎 Employment Overseas Agency 🞎 Entertainment Places 🞎 Others (Please specify).........................

**Workplace**

Workplace Name………………….........................................................................................................................................

Workplace Address…..........................................................Sub district........................................................................ District.....................................................................................Province............................................................................

**Purpose of Transaction**

🞎 Travel 🞎 Living Expenses 🞎 Study Abroad 🞎 International Business 🞎 Investment

🞎 Others (Please specify)...........................................................................................................................................