|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | | | |  |  |  | | | | | |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  | | | | | | | | |  |  | | | |  |  | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  | **แบบขอใช้บริการระบบ AMRAC** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | |  |  |  | | | | | |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  | | | | | | | | |  |  | | | |  | |
|  |  | | | | |  |  |  | | | | | | บุคคลธรรมดา | | | | |  |  | นิติบุคคล | | | | | | | | | |  |  |  |  |  |  | | |  |  | | | | | | | | |  |  | | | |  | |
|  |  | | | | |  |  |  | | | | | |  |  |  |  |  |  |  |  | | |  |  | | | | | | | | |  |  | | | |  | |
|  |  | | | | |  |  |  | | | | | |  |  |  |  |  |  |  |  | | |  |  | | | | | | | | |  |  | | | |  | |
|  |  | | | | |  |  |  | | | | | |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  | | | | | | | | |  |  | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | |  |  |  | | | | | |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  | | | | | | | | |  |  | | | |  | |
|  |  | | | | |  | **ข้อมูลบุคคลธรรมดา/ข้อมูลนิติบุคคล** | | | | | | | | | | |  |  |  |  | |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  | | | | | | | | |  |  | | | |  | |
|  |  | | | | |  | คำนำหน้า | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |
|  |  | | | | |  | ชื่อบุคคลธรรมดา/นิติบุคคล: | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | |  | |
|  |  | | | | |  |  |  | | | | | |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  | | | | | | | | |  |  | | | |  | |
|  |  | | | | |  | ประเภทธุรกิจ: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |
|  |  | | | | |  | หมายเลขทะเบียนนิติบุคคล : | | | | | | | | |  | | | | | | | | | | ออกโดย : | | | | | | |  | | | | | | | | | | | | | | | | |  | | | |  | |
|  |  | | | | |  | ที่อยู่ : | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |
|  |  | | | | |  | โทรศัพท์: | | | | | | | | |  | | | | | | |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  | | | | | | | | |  |  | | | |  | |
|  |  | | | | |  |  | โทรสาร: | | | | | | | |  | | | E-mail: | | | |  | | | | | | | | | | |  | | | |  | |
|  |  | | | | |  |  |  | | | | | |  | |  |  |  |  |  |  | |  |  | | | |  | |
|  |  | | | | |  |  |  | | | | | |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  | | | | | | | | |  |  | | | |  | |
|  |  | | | | |  | **ข้อมูลส่วนตัวของผู้รายงาน** | | | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  | | | | | | | | |  |  | | | |  | |
|  |  | | | | |  | คำนำหน้า | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |
|  |  | | | | |  | ชื่อ-นามสกุล : | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |
|  |  | | | | |  |  |  | | | | | |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  | | | | | | | | |  |  | | | |  | |
|  |  | | | | |  | วันเดือนปีเกิด: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | สัญชาติ: | | | |  | | | | | | | | | |  | | | |  | |
|  |  | | | | |  | บัตรประจำตัวประชาชน: | | | | | | | | |  | | | | | | | | | |  |  |  | | |  |  |  |  |  |  | | |  |  | | | | | | | | |  |  | | | |  | |
|  |  | | | | |  |  |  | ออกโดย : | | | | | |  | | | | | | | | | | | | | | | |  | | | |  | |
|  |  | | | | |  |  |  | | | | | |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | |  | |
|  |  | | | | | วันที่ออกบัตร : | | | | | | | | | |  | | | | | | | | |  |  |  | วันหมดอายุ: | | | | | |  |  |  | | |  |  | | | | | | | | |  |  | | | |  | |
|  |  | | | | |  |  |  |  | | | | | | | | | | | | | | | |  | | | |  | |
|  |  | | | | |  | โทรศัพท์ที่ทำงาน : | | | | | | | | |  | | | | | | | | |  |  |  |  | | |  |  |  |  | | | |  | |
|  |  | | | | |  |  | โทรศัพท์มือถือ : | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |  | |
|  |  | | | | |  |  |  | | | | | |  | |  |  |  |  |  |  | |  |  |  |  | | | |  | |
|  |  | | | | |  | โทรสาร: | | | | | | | | |  |  | | | | | | | |  |  | E-mail: | | | | | | |  | | | | | | | | | | | | | | |  |  | | | |  | |
|  |  | | | | |  |  |  | | | | | |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  | | | | | | | | |  |  | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  |  | | |  | | |  | | | | | | | | | | | | | | |  | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | | |  |  |  |  |  | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | |  | | |  | | | | | | | | | | | | | | |  | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | | |  |  |  |  | |
|  |  | | | **1. กรณีเป็นนิติบุคคล มอบหมาย ให้มีผู้กระทำการแทน** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | |  |  |  |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | |  | | |  | | | | | | | | | | | | | | |  | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | | |  |  |  |  | |
|  |  | | | วันที่................./................../............................ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  |  | | | ข้าพเจ้า (ชื่อภาษาไทย).............................................................................................................................................................................................................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  |  | | | ที่อยู่เลขที่............................. หมู่ที่.............. ตรอก/ซอย.....................................................................................ถนน................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  |  | | | แขวง/ตำบล........................................... เขต/อำเภอ...................................................จังหวัด................................................... รหัสไปรษณีย์....................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  |  | | | โดยนาย/นาง/นางสาว (1).............................................................................................................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  |  | | | เป็นผู้มีอำนาจกระทำการแทนบริษัท ถือบัตรประชาชน/หนังสือเดินทางเลขที่ (1)…………………….................….………………………..….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  |  | | | (2)....................................................................................................... (โปรดถ่ายสำเนา พร้อมลงลายมือชื่อรับรอง) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  |  | | | ขอมอบหมายให้ นาย/นาง/นางสาว………………...…………………...............ถือบัตรประชาชนเลขที่……………………………………...……. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  |  | | |  |  | |
|  |  | | | ตามสำเนาบัตรที่ได้ลงนามรับรองในสำเนาไว้แล้ว เป็นผู้ดำเนินการยื่นขอใช้บริการแทนข้าพเจ้า | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  |  | | |  | | |  | | | | | | | | | | | | | | |  | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | | |  |  |  |  | |
|  |  | | | ประทับตราและลงชื่อ………………………………..………………………………..ผู้มอบหมาย / ผู้ขอใช้บริการ (…….……………….………….…………………………………) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | |
|  |  | | |  | | |  | | | | | | | | | | | | | | |  | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | | |  |  |  |  | |
|  |  | | |  | | | ลงชื่อ...................................................ผู้รับมอบหมาย | | | | | | | | | | | | | | | | | | | | | |  | ลงชื่อ...................................................พยาน | | | | | | | | | | | | | | | | | | | | | |  |  |  | |
|  |  | | |  | | | (.............................................................) | | | | | | | | | | | | | | | | | | | | | | (.............................................................) | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | |
|  |  | | |  | | |  | | | | | | | | | | | | | | |  | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | | |  |  |  |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  |  | | |  | | |  | | | | | | | | | | | | | | |  | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | | |  |  |  |  |  | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  |  | | | **2. กรณีเป็นกรรมการผู้มีอำนาจ/เจ้าของกิจการ กระทำการเอง** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | |  | | |  | | | | | | | | | | | | | | |  | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | | |  |  |  |  | |
|  |  | | | ข้าพเจ้านาย/นาง/นางสาว (1)……………………………....…..……………………………… (2)………………..………………………………...…………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  |  | | | ถือบัตรประชาชน/หนังสือเดินทางเลขที่ (1).…………………………..........….………….…. (2).………………………………….………….......... เป็นผู้มีอำนาจ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  |  | | | ลงนามของบริษัท………….......………………............…….......……………………..………………..จำกัด ตามสำเนาเอกสารที่ได้ลงนามรับรองในสำเนาไว้แล้ว | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  |  | | |  | | |  | | | | | | | | | | | | | | |  | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | | |  |  |  |  | |
|  |  | | |  | | |  | | | | | | | | | | | | | | | ลงชื่อ...................................................ผู้ขอใช้บริการ/ผู้รับมอบอำนาจ | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |  |  |  | |
|  |  | | |  | | |  | | | | | | | | | | | | | | |  | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | | |  |  |  |  | |
|  |  | | |  | | |  | | | | | | | | | | | | | | | (.............................................................) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |  |  |  | |
|  |  | | |  | | |  | | | | | | | | | | | | | | |  | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | | |  |  |  |  | |
|  |  | | |  | | |  | | | | | | | | | | | | | | | ................../......................./................... | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |  |  |  | |
|  |  | | |  | | |  | | | | | | | | | | | | | | |  | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | | |  |  |  |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  |  | | | | | |  | |  |  |  |  |  | |  | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  |  | | | | | | | |  |  | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  | **เอกสารในการสมัครขอเข้าใช้ระบบ Serial No. :………………………** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | |  | |  |  |  |  |  | |  | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  |  | | | | | | | |  | |
|  |  | | | | | | **บุคคลธรรมดา (โปรดลงนามรับรองสำเนาถูกต้องทุกฉบับ)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  |  | | | | | | | |  | |
|  |  | | | | | |  | |  |  |  |  |  | |  | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  |  | | | | | | | |  | |
|  |  | | | | | |  | |  |  |  |  |  | | สำเนาบัตรประจำตัวประชาชน หรือเอกสารทางราชการที่มีรูปถ่ายของผู้สมัคร | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | | | | | |  | |
|  |  | | | | | |  | |  | |  |  |  | |  | | | | | |  |  | | | | | | | |  | |
|  |  | | | | | |  | |  |  |  |  |  | |  | | | | | |  |  | | | | | | | |  | |
|  |  | | | | | |  | |  |  |  |  |  | | สำเนาทะเบียนบ้าน | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | | | | | |  | |
|  |  | | | | | |  | |  | |  |  |  | |  | | | | | |  |  | | | | | | | |  | |
|  |  | | | | | |  | |  |  |  |  |  | |  | | | | | |  |  | | | | | | | |  | |
|  |  | | | | | |  | |  |  |  |  |  | |  | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  |  | | | | | | | |  | |
|  |  | | | | | | **นิติบุคคล (โปรดลงนามรับรองสำเนาถูกต้องทุกฉบับ)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  |  | | | | | | | |  | |
|  |  | | | | | |  | |  |  |  |  |  | | สำเนาหนังสือรับรองการเป็นนิติบุคคล | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | | | | | |  | |
|  |  | | | | | |  | |  |  | |  |  | |  | | | | | |  |  | | | | | | | |  | |
|  |  | | | | | |  | |  |  |  |  |  | |  | | | | | |  |  | | | | | | | |  | |
|  |  | | | | | |  | |  |  |  |  |  | | ใบอนุญาตประกอบกิจการ | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | | | | | |  | |
|  |  | | | | | |  | |  |  | |  |  | |  | | | | | |  |  | | | | | | | |  | |
|  |  |  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |  |  | | | | | | | | | | | |
|  |  | | | | | |  | |  |  |  |  |  | |  | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  |  | | | | | | | |  |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |