**Membership Application**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registered Provident Fund

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Co., Ltd.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Fund Committee of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registered Provident Fund

I, Mr./Mrs./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_who after having thoroughly read and understood the Fund’s articles, hereby wish to apply to become the Fund’s member. I represent and covenant that I will comply with all the Fund’s existing articles and/or those to be amended, altered or added thereafter. In addition, I will comply with the Fund Committee’s final decision in regard to my membership, its interpretation of the Fund’s articles, terms and conditions in all aspects.

I hereby authorize\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co Ltd , as my employer, to deduct an amount of money at the rate stated in the Fund’s articles from my salary, as the contribution into the Fund on my behalf to be my savings in compliance with the Fund’s articles.

Aside from the rights and benefits I may receive in accordance with the Fund’s articles, I will no longer claim any other rights and benefits from the Fund.

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| **Details of the Applicant** |
| 1. Name/Surname (Thai):……………………………………………………………………..…………………..   Name/Surname (English):………………………………………………………..…………………………… |
| 1. Date of Birth:………………………………………… Age:…………………………………….. |
| 1. Nationality:……………………….…………………….. |
| 1. ID/Passport No. …………………………….…………………………… issued by……………………………………… |
| 1. Permanent Resident Address: …………………………………………………..…………………….............................. ………………………………………………………………………………………………………………………………………..……………. …………………………………………………….Country………….……………….…….Tel………………………………………….. 2. Contact Address in Thailand: House No……………………… Soi……………………………………………………… Road………………………………………..……………………….. Tambon/Kwaeng………………………..…………………… Amphur/District……………………………………..Province……………………..………………Tel………………………….. |
| 1. Marital status: [ ] Single [ ] Married [ ] Number of children:………. [ ] No children [ ] Widowed   Name of spouse:……………………………………………………………… |
| 1. Start working on: [date]…………………………………………………… |

**Consent and Verification of Status in Compliance with the US Foreign Account Tax Compliance Act (FATCA)**

I acknowledge that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registered Provident Fund (the “Fund”) and AIA Co., Ltd. as an asset management company (the “Management Company”) are subject to and required to comply with the Foreign Account Tax Compliance Act (FATCA). In this regard, I provide my consent and agree that the Management Company may do either the following for the compliance with FATCA.

**1.1 Provision and disclosure of information**

I provide my express consent that the Fund and the Management Company shall have the rights to provide such personal data and information to any governmental authorities, regulatory bodies and/or any other person(s) in respect of the Reporting Requirements including the United States Internal Revenue Service (US IRS). I acknowledge and understand that such disclosures may involve the cross border transfer of personal data outside the jurisdiction and that such disclosures may be with respect to i) my personal data now or thereafter; and ii) any information relating to membership materialized through this application.  I acknowledge and understand that the Fund and/or the Management Company will not be able to provide any provident fund management service to me if I refuse to give the said express consent.

**1.2 U.S Person Verification**

By being a member of the Fund and signing below, I represent that I am not a U.S. Person for U.S. federal income tax purposes; and that I am not acting for, or on behalf of, a U.S. Person.  I understand that the Fund and/or the Management Company, believing this statement to be true, will rely on it and act on it.  (U.S. Person must strike out this clause and initial the change at the left side.)

**1.3 Notice of Information or Status Change**

I agree to notify the Fund and/or the Management Company of any change of my status or information already notified the Fund and/or the Management Company if the status or information being changed is related to the US within 30 days from the date of such change. (This Clause is not applicable to U.S. citizens or residents who must complete IRS Form W-9.)

*Note: A false statement or misrepresentation of tax status by a U.S. person could lead to penalties under U.S. law.*

I hereby acknowledge and consent to the above statements. I represent that all the given statements and details notified to the Provident Fund Committee and/or Management Company are true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Witness

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**For HR Department Use: The Fund Committee’s opinion**

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| [ ] Complete based on the Fund’s articles | [ ] Approved to become the Fund’s member effective on [date]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ] Incomplete because........................................................ | [ ] No approval because.......................................................... |
| Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |