

(Company Letter Head)

Date

Dear Managing Director
The Thai Bond Market Association (ThaiBMA)

..... would like to add an authorized user to an Intelligent Bond Solution (iBond) service.

A completed and signed application form and all required supporting materials are enclosed:

1. Application Form (Attachment 1)
2. Authorized User Request Form (Attachment 2)
3. A copy of the Certification of Company's Registration
4. A signed copy of the national ID card of the authorized representative(s) signing on the application form

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Authorized Representative(s)

iBond Application Form

Date _____

Company name (TH) _____ (EN) _____

Address (TH) _____

Address (EN) _____

Type of business _____

Juristic Person Registration No _____

Primary purpose of subscribing to iBond _____

Name(s) of Authorized Representative(s) _____ Position _____

Coordinator Contact Name (TH) _____ (EN) _____

Position _____ Department _____

Tel _____ Fax _____ E-mail _____

Subscription Period From _____ To _____

 Please mark the item/s you would like to subscribe

| Service Type : iBond | Authorized Users | Annual Fee | Adding Users |
|---------------------------------------|-------------------------------------|-------------|--|
| <input type="checkbox"/> iBond | 3 rd | 180,000 | - |
| <input type="checkbox"/> Adding Users | 4 th and more (per user) | 18,000/User | Total number of additional users =..... |

| Service Type : Mark-to-Market | Access Time | Annual Fee |
|--|---|--|
| <input type="checkbox"/> End-of-Day Mark-to-Market | 5.30 pm (regular trading day, excluding the 15 th and the last trading day of the month) 6.00 pm (the 15 th and the last trading day of the month) | 1 user –THB 250,000 (plus THB 25,000 per additional user) Best Rates for iBond Subscribers: Up to 3 users- THB 250,000 (plus THB 25,000 per additional user) |
| <input type="checkbox"/> 2-hr-lagged Mark-to-Market | 8.00 pm | 1 user –THB 125,000 (plus THB 12,500 per additional user) Best Rates for iBond Subscribers: Up to 3 users- THB 125,000 (plus THB 12,500 per additional user) |
| <input type="checkbox"/> 6-hr-lagged Mark-to-Market | 12.00 am | 1 user –THB 50,000 (plus THB 5,000 per additional user) Best Rates for iBond Subscribers: Up to 3 users- THB 20,000 (plus THB 2,000 per additional user) |
| 24-hr-lagged Mark-to-Market | 6.00 pm of the following day | No Charge for iBond Subscribers No Charge (Search by symbol) via www.thaibma.or.th |
| <input type="checkbox"/> End-of-Month Mark-to-Market | 6.00 pm of the last day of the month | 1 user - THB 50,000 |
| <input type="checkbox"/> End-of-Month Mark-to-Market | 12.00 am of the last day of the month | 1 user - THB 24,000 |
| Month-End Mark-to-Market Report | The 30 th of the following month | No Charge via www.thaibma.or.th |

Remarks

1. The annual fees shown above do not include a 7% VAT.
2. ThaiBMA reserves the right to change the amount of the annual fee.
3. Failure to disclose all necessary information may result in a delay assessment of your application
4. For more information, please contact Bond Pricing and Product Development Department, Email: pricing@thaibma.or.th

Payment Method

Money transfer (TR) to “The Thai Bond Market Association” Please fax us a copy of the deposit slip or any proof of payment to 02-257-0355

..... Authorized Representative(s)
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iBond Application Form

Date _____

Company name _____

- Subscribe iBond: up to 3 authorized
- Subscribe Mark-to-Market: only 1 authorized user
- Subscribe iBond & Mark-to-Market: up to 3 authorized users
- Subscribe iBond (Adding Users): 4th authorized user and more
- Subscribe Mark-to-Market (Adding Users)

Authorized Users

1. Name (TH) : _____ (EN) : _____

Position _____ Department _____

Tel. _____ Fax. _____ E-mail _____

ID Card Number _____ Effective Date _____

2. Name (TH) : _____ (EN) : _____

Position _____ Department _____

Tel. _____ Fax. _____ E-mail _____

ID Card Number _____ Effective Date _____

3. Name (TH) : _____ (EN) : _____

Position _____ Department _____

Tel. _____ Fax. _____ E-mail _____

ID Card Number _____ Effective Date _____

Coordinator Contact

Name (TH) : _____ (EN) : _____

Position _____ Department _____

Tel. _____ Fax. _____ E-mail _____

ID Card Number _____

..... Authorized Representative(s)
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