

**iBond and/or Mark-to-Market Application Form**  
**For ThaiBMA Ordinary Member**

Date \_\_\_\_\_

We would like to subscribe an Intelligent Bond Solution (iBond) service. and/or Mark-to-Market Service. A completed and signed application form and all required supporting materials are enclosed:

1. Authorized User Request Form (Attachment 1)
2. A copy of the Certification of Company's Registration
3. Power of attorney (if any)

Company name (TH) \_\_\_\_\_ Abbreviation Name \_\_\_\_\_

Company Name (EN) \_\_\_\_\_

Address (TH) \_\_\_\_\_

Address (EN) \_\_\_\_\_

Type of business \_\_\_\_\_

Juristic Person Registration No \_\_\_\_\_

Type of Member  ThaiBMA Member  ThaiBMA Non-Member

Subscription Period From \_\_\_\_\_ To \_\_\_\_\_

**Authorized Representative(s)**

1. Prefix \_\_\_\_\_ Name-Surname \_\_\_\_\_ Position \_\_\_\_\_

2. Prefix \_\_\_\_\_ Name-Surname \_\_\_\_\_ Position \_\_\_\_\_

**Witness**

Prefix \_\_\_\_\_ Name-Surname \_\_\_\_\_

**Coordinator Contact**

Prefix (EN) \_\_\_\_\_ Name-Surname (EN) \_\_\_\_\_

Prefix (TH) \_\_\_\_\_ Name-Surname (TH) \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Please mark  the item/s you would like to subscribe

Service Type : iBond	Authorized Users	Annual Fee	Adding Users
<input type="checkbox"/> iBond	6 <sup>th</sup>	90,000	-
<input type="checkbox"/> Adding Users	7 <sup>th</sup> and more (per user)	9,000/User	..... Users
Service Type : Mark-to-Market	Annual Fee		Adding Users
<b>End-of-Day Mark-to-Market</b> Access time at 5.30 pm (regular trading day, excluding the 15 <sup>th</sup> and the last trading day of the month) and 6 pm (the 15 <sup>th</sup> and the last trading day of the month)	<input type="checkbox"/> <b>For iBond Subscribers</b> THB 125,000/ 6 Users plus THB 12,500 per additional user		..... Users
	<input type="checkbox"/> <b>For iBond Non-Subscribers</b> THB 125,000/ 1 User plus THB 12,500 per additional user		..... Users
<b>Mark-to-Market 2 Hours lagged</b> Access time at 7 pm	<input type="checkbox"/> No Charge (Show Mark-to-Market Price for all registered bond)		

#### Remarks

1. The annual fees shown above do not include a 7% VAT.
2. Details of preliminary information are as specified in this application form used for calculation service fees and specified in iBond License Agreement and/or Mark-to-Market License Agreement.
3. ThaiBMA reserves the right to change the amount of the annual fee.
4. In case the applicant fails to pay the services fees within the period as specified, ThaiBMA reserves the right to suspend the provided services. Failure to disclose all necessary information may result in a delay assessment of your application
5. In case ThaiBMA found that the applicant does not use such information and/or services pursuant to specified purpose, or such information and/or services are changed, modified or redistributed by the applicant without prior written consent from ThaiBMA, ThaiBMA reserves the right to do any act as appropriate.
6. For more information, please contact Bond Pricing and Product Development Department at 02-257-0357 Ext. 451-456 or pricing@thaibma.or.th

#### Payment Method

Money transfer (TR) to “The Thai Bond Market Association” Saving A/C 001-2-14479-3 at Thanachart Bank PCL., Chidlom Branch. 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 and/or Mark-to-Market Application Form**  
**For ThaiBMA Ordinary Member**

**Authorized Users**

1. Prefix (EN) \_\_\_\_\_ Name-Surname (EN) \_\_\_\_\_

Prefix (TH) \_\_\_\_\_ Name-Surname (TH) \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_

Tel. \_\_\_\_\_ Fax. \_\_\_\_\_ E-mail \_\_\_\_\_

2. Prefix (EN) \_\_\_\_\_ Name-Surname (EN) \_\_\_\_\_

Prefix (TH) \_\_\_\_\_ Name-Surname (TH) \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_

Tel. \_\_\_\_\_ Fax. \_\_\_\_\_ E-mail \_\_\_\_\_

3. Prefix (EN) \_\_\_\_\_ Name-Surname (EN) \_\_\_\_\_

Prefix (TH) \_\_\_\_\_ Name-Surname (TH) \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_

Tel. \_\_\_\_\_ Fax. \_\_\_\_\_ E-mail \_\_\_\_\_

4. Prefix (EN) \_\_\_\_\_ Name-Surname (EN) \_\_\_\_\_

Prefix (TH) \_\_\_\_\_ Name-Surname (TH) \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_

Tel. \_\_\_\_\_ Fax. \_\_\_\_\_ E-mail \_\_\_\_\_

5. Prefix (EN) \_\_\_\_\_ Name-Surname (EN) \_\_\_\_\_

Prefix (TH) \_\_\_\_\_ Name-Surname (TH) \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_

Tel. \_\_\_\_\_ Fax. \_\_\_\_\_ E-mail \_\_\_\_\_

6. Prefix (EN) \_\_\_\_\_ Name-Surname (EN) \_\_\_\_\_

Prefix (TH) \_\_\_\_\_ Name-Surname (TH) \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_

Tel. \_\_\_\_\_ Fax. \_\_\_\_\_ E-mail \_\_\_\_\_

..... Authorized Representative(s)

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