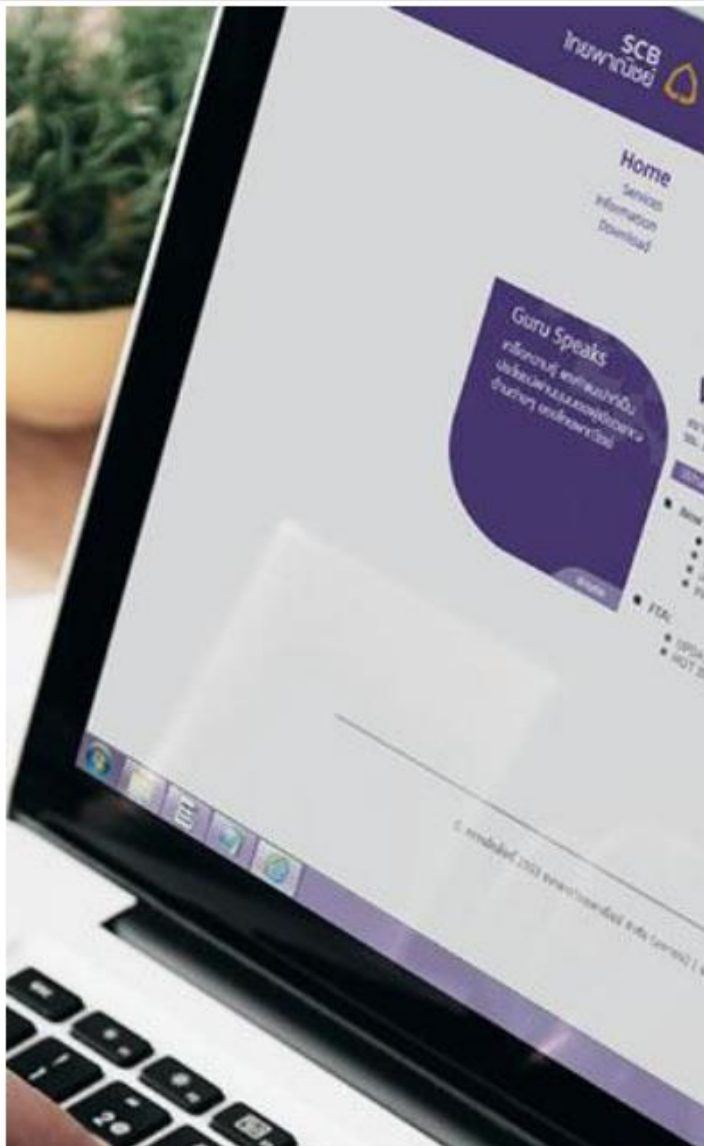


User Manual

for filling-in the form to Change of Information for SCB Business Net

Application for the Change of
Information /Use of Additional Services
/Cancellation of Services of
SCB Business Net Services and
Cash Management Lite Services





SCB Business Net Form-Filling Guide to:

1. Add Users
2. Change User Role
3. Change Contact Information
4. Switch to SMS OTP
5. Change Address for Document Delivery
6. Cancel Services

Document can be downloaded at

<https://commercialproduct.scb.co.th/th/branch-ssme-onboarding-and-service/scb-business-net> Or <https://www.scbbusinessnet.com> and select menu "Download"

1. SCB Business Net Form-Filling Guide to: Add Users

Document Header (Page 1)

- Specify Corporate ID and Date

Part 1 : General Information

- Select the Legal person type
- Specify applicant's name, select registration type and fill-in ID

Part 2 : Information of Applicant's Contact person

- Specify first and last name, E-mail, Telephone number, and fax number

Part 3 : Details of the Additional Services/the Applicant's Account(s)

- Select the services
- No need to enter the Account no. and Account name


Remark: In case of the new user needs to use role same as the existing user. Do not specify in this section. Please go to Part 5.

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Reset Form >

SCB

ไทยพาณิชย์



Application for the Change of Information /Use of Additional Services/Cancellation of Services of SCB Business Net Services and Cash Management Lite Services

Document No.:

Corporate ID

COOP123

Date

01/12/2023

DD/MM/YY

Part 1: General Information

☒ Juristic Person☐ Natural Person

Package : Business Banking Package

Name of the Applicant

xxxxx Saving Association

☐ Juristic person registration no./ Commercial registration no.

☐ Registration letter no.

☐ Identification no./Passport no.

☒ Tax Identification no. 123/xxxx

Contract Address/Mailing Address

(In case there is any change, please specify.)

Part 2: Information of the Applicant's Contact Person Details*(Please specify E-mail Address for receiving documents from the Bank)

Name/Last Name

Mr. Thanom Rakkankai

*E-mail.

Thanom@gmail.com

Phone no.

0998888989

Fax no.

Part 3: Details of the Additional Services/ the Applicant's Account(s) (for transfer/receipt of money) / Loan Account Information (for receipt of money only) / Foreign Currency Deposit Account (for showing balance in account)

No.	Apply for Additional Services	Add Account	Cancel Account	Services										Account No.	Account Name	Remark(s)
				SCB Business Net					Cash Management Lite							
				Balance/Statement	Utilities Payment	Transfer/SCB Business PromptPay-Payment/SCB Transfer to another Bank	SCB Local Collect	SCB Payroll	SCB Direct Credit	SCB SMART Credit	SCB BAHTNET	SCB Outward Remittance				
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Account for debit fee.		
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

1. SCB Business Net Form-Filling Guide to: Add Users

Part 5: Approval Condition and Transaction Limit

- Approval Conditions: Specify any changes, if applicable.
- Transaction Limit: If there are changes or new conditions, please provide details
- Specify the number of users to correspond with the added names

In case of adding new user please provide the following information

- **Mark in "Add new user (s)"**
- Enter the username in English
- User ID: 7-12 characters comprising numbers and English letters
- Choose the desired User Role
- E-mail Address (one per user)
- Mobile Phone Number (one per user)

Remark: In case of the new user needs to use role same as the existing user, please specify the existing user id in special instruction. No need to specify in Part 3.

Sign the from and prepare documents (Page 2,4,5) Signed by authorized person / attorney and submit to branch Sale or Relationship Manager (RM) with required document below:

- Company certificate (no longer than 6 months)
- Copy of ID card of the authorized signatory
- Juristic person's seal affixed (if applicable)

Part 5: Approval Condition and Transaction Limit *if not specified, it shall be deemed that the Applicant requests for unlimited transaction amount.

Approval Condition (Please choose one) - if not specified, Bank will require approval condition as 1 Maker + 1 Signer

☐ Approved transaction by Maker only

☐ Approved transaction by 1 Maker + 1 Signer. The Bank will require the use of SMS OTP for the approval of transaction, unless otherwise agreed by the Applicant and the Bank.

Total of maximum transaction limit Baht per transaction and Baht per day (for all types of transfer/pay)

The Applicant requests to add new user(s)/change information/cancel user(s) in total **3** user(s) as follows:

No.	Add new user(s)	Change information(s)	Cancel user(s)	Name – Surname of User	User ID (User self-defined) (English, From 7-12 characters) Do not leave blank	User's Roles			Must specify E-mail address and mobile phone number The Bank will send Corporate ID via SMS and Password of each User ID via E-mail	
						Viewer	Maker	Signer	E-mail address (1 E-mail per user)	Mobile No. (1 number per user)
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mr. Somsri Rakarnkai	somsri001	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	somsri@gmail.com	0998888989
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mr. Somchai Rakarnkai	somchai002	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	somchai@gmail.com	0998888986
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mr.Thanom Rakarnkai	thanom002	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Thanom@gmail.com	0998888977

The Bank will prescribe the role of each user for SCB Business Net Service, SCB Payroll Service, SCB Direct Credit Service, SCB SMART Credit Service, SCB BAHTNET Service, SCB Local Collect Service, SCB Outward Remittance Service and other services. In case the Applicant wishes to change user's roles for some services or wishes to change the approval condition or to specify special any additional conditions, please specify in the Special Instructions.

Special Instructions **User role same as User: dejar01** Or specify in Part 3 Please see the remark

For the Bank Use Opportunity ID :

Bank's coordinator (signed) Name-Last Name

Staff ID S Title/unit

Branch/OC Code Email Address

Phone No.

Customer's signature verified by

Signed ()

Card No.

Teller Supervisor/Attorney (with affixing the branch's seal)

For Customer (Authorized Director(s)/Attorney(s))

Please further read the Bank's Privacy Notice carefully to understand how the Bank collects, uses and discloses your personal data and your rights posted on the Bank's website www.scb.co.th. In addition, in the event that you have given any personal data of any other person, you shall notify such person of the details relating to the collection, use and disclosure of personal data and rights under such Privacy Notice

Signed

Signed

(**Mr. Thanom Rakkankai**)

Name in printed letter

Name in printed letter

xxxxx Saving Association



2. SCB Business Net Form-Filling Guide to: Change User Role

Document Header (Page 1)

- Specify Corporate ID and Date

Part 1 : General Information

- Select the Legal person type
- Specify applicant's name, select registration type and fill-in ID

Part 2 : Information of Applicant's Contact person

- Specify first and last name, E-mail, Telephone number, and fax number

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SCB
ไทยพาณิชย์

Application for the Change of Information /Use of Additional Services/Cancellation of Services of
SCB Business Net Services and Cash Management Lite Services Document No.:

Corporate ID Date
DD/MM/YYYY

Part 1: General Information ☒ Juristic Person ☐ Natural Person Package : Business Banking Package

Name of the Applicant

☐ Juristic person registration no./ Commercial registration no. ☐ Registration letter no.

☐ Identification no./Passport no. ☒ Tax Identification no.

Contract Address/Mailing Address
(In case there is any change, please specify.)

Part 2: Information of the Applicant's Contact Person Details* (Please specify E-mail Address for receiving documents from the Bank)

Name/Last Name *E-mail. Phone no. Fax no.

2. SCB Business Net Form-Filling Guide to: Change User Role

Part 5: Approval Condition and Transaction Limit

- Approval Conditions: Specify any changes, if applicable
- Transaction Limit: If there are changes or new conditions, please provide details
- Specify the number of users to correspond with the added names

In case of **changing the user role**, please provide the following information

- **Mark in “Change Information(s)”**
- Enter the username in English
- User ID
- **Choose the desired User Role**
- Email Address (if applicable)
- Mobile Phone Number (if applicable)

Sign the form and prepare documents (Page 2,4,5)
Signed by authorized person / attorney and submit to branch Sale or Relationship Manager (RM) with required document below:

- Company certificate (no longer than 6 months)
- Copy of ID card of the authorized signatory
- Juristic person’s seal affixed (if applicable)

Part 5: Approval Condition and Transaction Limit *if not specified, it shall be deemed that the Applicant requests for unlimited transaction amount.

Approval Condition (Please choose one) - if not specified, Bank will require approval condition as 1 Maker + 1 Signer

- ☐ Approved transaction by Maker only
- ☐ Approved transaction by 1 Maker + 1 Signer. The Bank will require the use of SMS OTP for the approval of transaction, unless otherwise agreed by the Applicant and the Bank.



Total of maximum transaction limit Baht per transaction and Baht per day (for all types of transfer/payment)

The Applicant requests to add new user(s)/change information/cancel user(s) in total <input type="text" value="3"/> user(s) as follows:										
No.	Add new user(s)	Change information(s)	Cancel user(s)	Name – Surname of User	User ID (User self-defined) (English, From 7-12 characters) Do not leave blank	User's Roles			Must specify E-mail address and mobile phone number The Bank will send Corporate ID via SMS and Password of each User ID via E-mail	
						Viewer	Maker	Signer	E-mail address (1 E-mail per user)	Mobile No. (1 number per user)
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mr. Somsri Rakarnkai	somsri001	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	somsri@gmail.com	0998888989
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mr. Somchai Rakarnkai	somchai002	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	somchai@gmail.com	0998888986
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mr.Thanom Rakarnkai	thanom002	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Thanom@gmail.com	0998888977

The Bank will prescribe the role of each user for SCB Business Net Service, SCB Payroll Service, SCB Direct Credit Service, SCB SMART Credit Service, SCB BAHTNET Service, SCB Local Collect Service, SCB Outward Remittance Service and other services. In case the Applicant wishes to change user's roles for some services or wishes to change the approval condition or to specify special any additional conditions, please specify in the Special Instructions.

Special Instructions

For the Bank Use	
Opportunity ID :	<input type="text"/>
Bank's coordinator (signed) Name-Last Name	<input type="text"/>
Staff ID S	Title/unit
Branch/OC Code	Email Address
Phone No.	<input type="text"/>
Customer's signature verified by	
Signed (<input type="text"/>)	
Card No. <input type="text"/>	
Teller Supervisor/Attorney	
(with affixing the branch's seal)	

For Customer (Authorized Director(s)/Attorney(s))	
Please further read the Bank's Privacy Notice carefully to understand how the Bank collects, uses and discloses your personal data and your rights posted on the Bank's website www.scb.co.th . In addition, in the event that you have given any personal data of any other person, you shall notify such person of the details relating to the collection, use and disclosure of personal data and rights under such Privacy Notice	
Signed 	Signed <input type="text"/>
(<input type="text" value="Mr. Thanom Rakkankai"/>)	(<input type="text"/>)
Name in printed letter	Name in printed letter
	



3. SCB Business Net Form-Filling Guide to: Change Contact Information

Document Header (Page 1)

- Specify Corporate ID and Date

Part 1 : General Information

- Select the Legal person type
- Specify applicant's name, select registration type and fill-in ID

Part 2 : Information of Applicant's Contact person

- Specify first and last name, E-mail, Telephone number, and fax number

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Reset Form >

SCB ไทยพาณิชย์ Application for the Change of Information /Use of Additional Services/Cancellation of Services of SCB Business Net Services and Cash Management Lite Services Document No.:

Corporate ID Date
DD/MM/YYYY

Part 1: General Information ☒ Juristic Person ☐ Natural Person Package : Business Banking Package

Name of the Applicant

☐ Juristic person registration no./ Commercial registration no. ☐ Registration letter no.

☐ Identification no./Passport no. ☒ Tax Identification no.

Contract Address/Mailing Address
(In case there is any change, please specify.)

Part 2: Information of the Applicant's Contact Person Details*(Please specify E-mail Address for receiving documents from the Bank)

Name/Last Name *E-mail. Phone no. Fax no.

3. SCB Business Net Form-Filling Guide to: Change Contact Information

Part 5: Approval Condition and Transaction Limit

- Approval Conditions: Specify any changes, if applicable
- Transaction Limit: If there are changes or new conditions, please provide details
- Specify the number of users to correspond with the added names

In case of adding or changing E-mail and user Mobile phone number, please provide the following information:

- **Mark in "Change Information(s)"**
- Enter the username in English
- User ID
- User Role does not need to be specified
- E-mail address you wish to change (one per user)
- Mobile phone number you wish to change (one per user)

Sign the from and prepare documents (Page 2,4,5) Signed by authorized person / attorney and submit to branch Sale or Relationship Manager (RM) with required document below:

- Company certificate (no longer than 6 months)
- Copy of ID card of the authorized signatory
- Juristic person's seal affixed (if applicable)

Part 5: Approval Condition and Transaction Limit *if not specified, it shall be deemed that the Applicant requests for unlimited transaction amount.

Approval Condition (Please choose one) - if not specified, Bank will require approval condition as 1 Maker + 1 Signer

- ☐ Approved transaction by Maker only
- ☐ Approved transaction by 1 Maker + 1 Signer. The Bank will require the use of SMS OTP for the approval of transaction, unless otherwise agreed by the Applicant and the Bank.

Total of maximum transaction limit Baht per transaction and Baht per day (for all types of transfer/payment)

The Applicant requests to add new user(s)/change information/cancel user(s) in total user(s) as follows:

No.	Add new user(s)	Change information(s)	Cancel user(s)	Name – Surname of User	User ID (User self-defined) (English, From 7-12 characters) Do not leave blank	User's Roles			Must specify E-mail address and mobile phone number The Bank will send Corporate ID via SMS and Password of each User ID via E-mail	
						Viewer	Maker	Signer	E-mail address (1 E-mail per user)	Mobile No. (1 number per user)
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mr. Somsri Rakarnkai	somsri001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	somsri@gmail.com	0996668989
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mr. Somchai Rakarnkai	somchai002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	somchai@gmail.com	0996668986
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

The Bank will prescribe the role of each user for SCB Business Net Service, SCB Payroll Service, SCB Direct Credit Service, SCB SMART Credit Service, SCB BAHTNET Service, SCB Local Collect Service, SCB Outward Remittance Service and other services. In case the Applicant wishes to change user's roles for some services or wishes to change the approval condition or to specify special any additional conditions, please specify in the Special Instructions.

Special Instructions

For the Bank Use	Opportunity ID :	<input type="text"/>
Bank's coordinator (signed) Name-Last Name		
Staff ID S	Title/unit	
Branch/OC Code	Email Address	
Phone No.		
Customer's signature verified by		
Signed (<input type="text"/>)		
Card No. <input type="text"/>		
Teller Supervisor/Attorney		
(with affixing the branch's seal)		

For Customer (Authorized Director(s)/Attorney(s))	
Please further read the Bank's Privacy Notice carefully to understand how the Bank collects, uses and discloses your personal data and your rights posted on the Bank's website www.scb.co.th. In addition, in the event that you have given any personal data of any other person, you shall notify such person of the details relating to the collection, use and disclosure of personal data and rights under such Privacy Notice	
Signed <input type="text"/>	Signed <input type="text"/>
(<input type="text"/>)	
Name in printed letter	Name in printed letter
	



4. SCB Business Net Form-Filling Guide to: Switch to SMS OTP

Document Header (Page 1)

- Specify Corporate ID and Date


Part 1 : General Information

- Select the Legal person type
- Specify applicant's name, select registration type and fill-in ID

Part 2 : Information of Applicant's Contact person

- Specify first and last name, E-mail, Telephone number, and fax number

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SCB  Application for the Change of Information /Use of Additional Services/Cancellation of Services of SCB Business Net Services and Cash Management Lite Services Document No.:

Corporate ID Date
DD/MM/YYYY

Part 1: General Information ☒ Juristic Person ☐ Natural Person Package : Business Banking Package

Name of the Applicant

☐ Juristic person registration no./ Commercial registration no. ☐ Registration letter no.

☐ Identification no./Passport no. ☒ Tax Identification no.

Contract Address/Mailing Address
(In case there is any change, please specify.)

Part 2: Information of the Applicant's Contact Person Details*(Please specify E-mail Address for receiving documents from the Bank)

Name/Last Name *E-mail. Phone no. Fax no.

4. SCB Business Net Form-Filling Guide to: Switch to SMS OTP

Part 5: Approval Condition and Transaction Limit

- Approval Conditions: Specify any changes, if applicable
- Transaction Limit: If there are changes or new conditions, please provide details
- Specify the number of users to correspond with the added names

In case of changing the approval mode to SMS OTP, please provide the following information:

- **Mark in “Change Information(s)”**
- Enter the username in English
- User ID
- User Role does not need to be specified
- E-mail address (one per user)
- Mobile phone number (one per user)
- Special conditions: Request to use SMS OTP for approval

Sign the from and prepare documents (Page 2,4,5)
Signed by authorized person / attorney and submit to branch Sale or Relationship Manager (RM) with required document below:

- Company certificate (no longer than 6 months)
- Copy of ID card of the authorized signatory
- Juristic person’s seal affixed (if applicable)

Part 5: Approval Condition and Transaction Limit *if not specified, it shall be deemed that the Applicant requests for unlimited transaction amount.

Approval Condition (Please choose one) - if not specified, Bank will require approval condition as 1 Maker + 1 Signer

☐ Approved transaction by Maker only

☐ Approved transaction by 1 Maker + 1 Signer. The Bank will require the use of SMS OTP for the approval of transaction, unless otherwise agreed by the Applicant and the Bank.

Total of maximum transaction limit Baht per transaction and Baht per day (for all types of transfer/payment)

The Applicant requests to add new user(s)/change information/cancel user(s) in total user(s) as follows:

No.	Add new user(s)	Change information(s)	Cancel user(s)	Name – Surname of User	User ID (User self-defined) (English, From 7-12 characters) Do not leave blank	User's Roles			Must specify E-mail address and mobile phone number The Bank will send Corporate ID via SMS and Password of each User ID via E-mail	
						Viewer	Maker	Signer	E-mail address (1 E-mail per user)	Mobile No. (1 number per user)
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mr.Thanom Rakarnkai	thanom002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thanom@gmail.com	0998888977
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

The Bank will prescribe the role of each user for SCB Business Net Service, SCB Payroll Service, SCB Direct Credit Service, SCB SMART Credit Service, SCB BAHTNET Service, SCB Local Collect Service, SCB Outward Remittance Service and other services. In case the Applicant wishes to change user's roles for some services or wishes to change the approval condition or to specify special any additional conditions, please specify in the Special Instructions.

Special Instructions

For the Bank Use

Opportunity ID :

Bank's coordinator (signed) Name-Last Name

Staff ID S Title/unit

Branch/OC Code Email Address

Phone No.

Customer's signature verified by


Signed ()

Card No.

Teller Supervisor/Attorney (with affixing the branch's seal)

For Customer (Authorized Director(s)/Attorney(s))


Please further read the Bank's Privacy Notice carefully to understand how the Bank collects, uses and discloses your personal data and your rights posted on the Bank's website www.scb.co.th. In addition, in the event that you have given any personal data of any other person, you shall notify such person of the details relating to the collection, use and disclosure of personal data and rights under such Privacy Notice

Signed  Signed


() ()

Mr. Thanom Rakkankai

Name in printed letter

 xxxxx Saving Association

Name in printed letter



5. SCB Business Net Form-Filling Guide to: Change Address for Document Delivery

Document Header (Page 1)

- Specify Corporate ID and Date

Part 1 : General Information

- Select the Legal person type
- Specify applicant's name, select registration type and fill-in ID
- In case of changing contract address please specify a contact address you wish to update

Part 2 : Information of Applicant's Contact person

- Specify first and last name, E-mail, Telephone number, and fax number.

Sign the from and prepare documents (Page 2,4,5)
Signed by authorized person / attorney and submit to branch Sale or Relationship Manager (RM) with required document below:

- Company certificate (no longer than 6 months)
- Copy of ID card of the authorized signatory
- Juristic person's seal affixed (if applicable)

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Reset Form >

SCB
ไทยพาณิชย์

Application for the Change of Information /Use of Additional Services/Cancellation of Services of SCB Business Net Services and Cash Management Lite Services

Document No.: []

Corporate ID **COOP123** Date **01/12/2023**

Part 1: General Information ☒ Juristic Person ☐ Natural Person Package : Business Banking Package

Name of the Applicant **xxxxx Saving Association**

☐ Juristic person registration no./ Commercial registration no. [] ☐ Registration letter no. []

☐ Identification no./Passport no. [] ☒ Tax Identification no. **123/xxxx**

Contract Address/Mailing Address (In case there is any change, please specify.) **22 Jatujak Jatujak Bangkok 10900**

Part 2: Information of the Applicant's Contact Person Details*(Please specify E-mail Address for receiving documents from the Bank)

Name/Last Name **Mr. Thanom Rakkankai** *E-mail. **Thanom@gmail.com** Phone no. **0998888989** Fax no. []

For the Bank Use Opportunity ID : []

Bank's coordinator (signed) Name-Last Name []

Staff ID S [] Title/unit []

Branch/OC Code [] Email Address []

Phone No. []

Customer's signature verified by []

Signed ([])

Card No. []

Teller Supervisor/Attorney (with affixing the branch's seal) []

For Customer (Authorized Director(s)/Attorney(s))

Please further read the Bank's Privacy Notice carefully to understand how the Bank collects, uses and discloses your personal data and your rights posted on the Bank's website www.scb.co.th. In addition, in the event that you have given any personal data of any other person, you shall notify such person of the details relating to the collection, use and disclosure of personal data and rights under such Privacy Notice

Signed [] Signed []

(**Mr. Thanom Rakkankai**)

Name in printed letter [] Name in printed letter []

xxxxx Saving Association

SCB

6. SCB Business Net Form-Filling Guide to: Cancel Services

Document Header (Page 1)

- Specify Corporate ID and Date


Part 1 : General Information

- Select the Legal person type
- Specify applicant's name, select registration type and fill-in ID

Part 2 : Information of Applicant's Contact person

- Specify first and last name, E-mail, Telephone number, and fax number

คำแนะนำ • แบบฟอร์มนี้ใช้งานได้อย่างสมบูรณ์กับ Acrobat Reader 8 ขึ้นไป • ขณะนี้ท่านกำลังใช้งาน Adobe Acrobat 20.0132 • สามารถอ่านวิธีการกรอกข้อมูลได้เมื่อคลิกที่ช่องกรอกข้อมูล [Reset Form >](#)

SCB  Application for the Change of Information /Use of Additional Services/Cancellation of Services of SCB Business Net Services and Cash Management Lite Services Document No.:

Corporate ID Date
DD/MM/YYYY

Part 1: General Information ☒ Juristic Person ☐ Natural Person Package : Business Banking Package

Name of the Applicant

☐ Juristic person registration no./ Commercial registration no. ☐ Registration letter no.

☐ Identification no./Passport no. ☒ Tax Identification no.

Contract Address/Mailing Address
(In case there is any change, please specify.)

Part 2: Information of the Applicant's Contact Person Details*(Please specify E-mail Address for receiving documents from the Bank)


Name/Last Name *E-mail. Phone no. Fax no.

6. SCB Business Net Form-Filling Guide to: Cancel Services

- Part 7: Cancellation of the Use of Services
Select Cancellation Type
- Cancel All Services
or
- Cancel Only Specific Services, specifying the type of service you want to cancel

- Sign the from and prepare documents (Page 2,4,5)
Signed by authorized person / attorney and submit to branch Sale or Relationship Manager (RM) with required document below:
- Company certificate (no longer than 6 months)
 - Copy of ID card of the authorized signatory
 - Juristic person's seal affixed (if applicable)

SCB
ไทยพาณิชย์



Application for the Use of Additional Services/Change of Information for / Cancellation
of SCB Business Net and Cash Management Lite Services

Document No.:

Name of the Applicant

xxxxx Saving Association

Part 6: SCB Outward Remittance Service and SCB Inward Remittance Service

SCB Outward Remittance Service and SCB Inward Remittance Service (IR/OR), please specify the name of International Trade Service Center

(Please specify only 1 center)

Registration Address/Current Address/Other Address

Part 7: Cancellation of the Use of Services

☐ Cancel all services

☒ Cancel for the following services: (please specify the name of service requested to cancel)

SCB Payroll

The Applicant agrees that the application for the use of additional services, change of service information and/or cancellation of SCB Business Net and Cash Management Lite Services shall be in effective upon an approval of the Bank.

This Application is made in 2 identical original copies. The Bank holds 1 copy and the Applicant has received 1 copy. The Applicant represents and warrants that the information provided and/or to be provided in the future by the Applicant to the Bank is accurate, complete, and true in all respects. If there is any change in such information, the Applicant shall immediately inform the Bank in writing. In addition, the Applicant agrees and accepts that in execution of this Application by the Applicant, it shall be deemed that the agreement has been made and the Applicant agrees and accepts to be bound by this Application, attachments, Terms and Conditions for the Use of SCB Business Net and Cash Management Lite Services (“**Terms and Conditions for the Use of Services**”) announced by the Bank on the Bank’s website, namely <https://www.scbbusinessnet.com> and/or any other Bank’s websites to be prescribed by the Bank in the future, which the Applicant can retrieve, save and/or print out such terms and conditions from the website by itself, whether at present or in the future. The Applicant also agrees to be bound by the terms and conditions to be amended, changed and/or added in the future.

For the Bank Use

Opportunity ID :

Bank's coordinator (signed) Name-Last Name

Staff ID S Title/unit

Branch/OC Code Email Address

Phone No.

Customer's signature verified by

Signed ()


Card No.

Teller Supervisor/Attorney

(with affixing the branch's seal)


For Customer (Authorized Director(s)/Attorney(s))

Please further read the Bank's Privacy Notice carefully to understand how the Bank collects, uses and discloses your personal data and your rights posted on the Bank's website www.scb.co.th. In addition, in the event that you have given any personal data of any other person, you shall notify such person of the details relating to the collection, use and disclosure of personal data and rights under such Privacy Notice

Signed 

Signed

(**Mr. Thanom Rakkankai**) ()

Name in printed letter  Name in printed letter

xxxxx Saving Association

SCB
ไทยพาณิชย์

THANK YOU

