Stamp Duty **THB 30**

POWER OF ATTORNEY

		At		
		Date		
By this letter, I/We				
AgeYear Nationalityson/daugh	nter of Mr./Mrs			
Address No Moo Kwaeng/Tambol	Kh	et/Amphoe		
Province Telephone				
nereby authorize				
Age Year Nationality son/daugh	nter of Mr./Mrs			
Address No Moo Kwaeng/Tambol	Kh	net/Amphoe		
Province Telephone				
o have the power to subscribe the trust units of WHA Ind				·
acts have been performed by myself/ourselves. IN WITNES	,			•
he witnesses.	o whicheof, in	croby sign or sig	amp imgerprint ii	Title presence of
ne willesses.				
	(Signed)			Grantor
		()	
	(Signed)			Attorney
		()	
	(Signed)			Witness
		()	
	(Signed)			Witness
)	

Remark: For subscription made through Kasikornbank Public Company Limited, the authorization under the Power of Attorney is reserved only for the Trust Unitholders who have completed KYC/CCD (Know Your Customer and Customer Due Diligence) with Kasikornbank Public Company Limited. If the Trust Unitholders do not wish to subscribe for the Trust Units by themselves, an authorization may be made to appoint a third person to subscribe and pay the subscription fee at a branch of Kasikornbank Public Company Limited on their behalves.

In the case of Trust Unitholders who have never completed KYC/CCD (Know Your Customer and Customer Due Diligence) with Kasikornbank Public Company Limited and wish to subscribe for the Trust Units, the Trust Unitholders must subscribe and pay the subscription fee by themselves only at branches of Kasikornbank Public Company Limited, in accordance with the criteria of the Anti-Money Laundering Office and the Bank of Thailand.