

Questions and inquiries form for operational reports for the fiscal year 2024

Part 1 Unitholder's detail

Name - Family name (Mr., Mrs., Miss, Company, Other) _____

National ID card number/Juristic person number _____

Trust unitholder registration number _____

Amount of unit held _____ Unit

Current address/Contact information: No. _____ Residential estate / Building _____

Moo _____ Lane / Soi _____

Road _____ Sub-district / Sub-area _____

District / Area _____ Province _____

Postal Code _____ Country _____

Telephone _____ E-mail _____

Part 2 Questions and inquiries

Please specify questions, background and reasons for supporting

Signature _____ Trust unitholder

(_____)

Date _____