**Standard Request under the Exchange Control Act**

**Request Type : 9. Payment for Goods, Services, and Other Obligations**

**9.2 Export Receipt (Period Exceeding 360 Days)**

Attention: Competent Officer, Foreign Exchange Administration and Policy Department, Bank of Thailand

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| **Details of requester :** | |
| Name (Thai) : | Name (English) : |
| Former name (if any) : | Shareholders : Thai = ................ Foreign = ............... |
| Address : | |
| Contact person : | Email Address : |
| Tel : | Fax : |

|  |  |
| --- | --- |
| Please provide the following information   1. Request topic = 2. Request amount per year = 3. Transaction period = 4. Rationale = 5. Main sources of income and expenditure of the concerned business = 6. Number and date of former approval letter (request for renewal) = 7. Number and date of related approval letters (if any) = 8. Type of exported goods = 9. Value of exported goods = 10. Name and country of buyer = 11. Receipt period = 12. Other applicable information =   Please provide the following documents as evidence   * 1. Standard request under the Exchange Control Act * 2. Copy of identification document e.g. certificate of incorporation issued by the Ministry of Commerce/national ID card/passport * 3 Copy of purchase/sale agreement, showing a condition for payment that exceeds 360 days * 4. Copies of other supporting documents   If the Competent Officer finds that the request or documents submitted by me is inaccurate or incomplete, the competent officer has my consent to notify me of a request revision and additional documents to be submitted via email through the Exchange Control Approval and Reporting System (ECARS). I agree to make the revision to ensure accuracy and completeness of such documents within 10 days, starting from the date notified by the Competent Officer. | |
| **Signature** | |
| I certify that all documents and information presented are in accordance with true and accurate facts and I agree to be bound to the texts indicated in this standard request | (submission through an authorized juristic person) I certify that all documents and information presented are in accordance with true and accurate facts |
| ........................................................ | ........................................................ |
| (Full name..................................................) | (Full name........................................................ ) |
| Signature of an authorized signatory of the requester\* | Signature of an authorized person of the authorized juristic person |
| Date ........................................... | Name of the authorized juristic person ......................................................... |
| Remarks: In case of an individual, the signatory must be the same person as the requester.  In case of a juristic person, the authorized signatory must be an authorized signatory or an authorized person of the juristic person. (Please note: If there are more than one authorized signatories, any one of them can sign this request) | Date ............................................... |