

iBond and/or Mark-to-Market Application Form

For ThaiBMA Extraordinary Member & Associate 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 th	135,000	-
<input type="checkbox"/> Adding Users	7 th and more (per user)	13,500/User Users
Service Type : Mark-to-Market	Annual Fee		Adding Users
End-of-Day Mark-to-Market Access time at 5.30 pm (regular trading day, excluding the 15 th and the last trading day of the month) and 6.00 pm (the 15 th and the last trading day of the month)	<input type="checkbox"/> For iBond Subscribers THB 187,500/ 6 Users	 Users THB 18,750/additional user
	<input type="checkbox"/> For iBond Non-Subscribers THB 187,500/ 1 User	 Users THB 18,750/additional user
Mark-to-Market 2 Hours lagged Access time at 7.00 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 001-5-64527-7 at The Siam Commercial Bank PCL., Chidlom Branch. Please fax us a copy of the deposit slip or any proof of payment to 02-257-0355

The subscriber and the users have read, understood and acknowledged ThaiBMA's privacy notice.

The Privacy Notice is available on ThaiBMA website at <https://www.thaibma.or.th/pdf/2021/PrivacyNotice.pdf>

..... Authorized Representative(s)
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iBond and/or Mark-to-Market Application Form
For ThaiBMA Extraordinary Member & Associate 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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