



THE
W I S D O M
The Symbol of Smart Success

THE WISDOM Application



The Symbol of Smart Success



Dear Distinguished THE WISDOM Member

Welcome to the superior privileges enjoyed by THE WISDOM members of KASIKORNBANK, the Symbol of Smart Success, whose deposits and/or investment assets total at least THB 10 million.

We are pleased to invite you to indulge in the superb experiences and numerous privileges, including access to financial services from KBank professionals.

An array of other benefits have been prepared exclusively for THE WISDOM members, Priority Pass giving you access to VIP lounges at more than 600 major airports throughout the world, privileges and discounts from leading KBank partners and a subscription to THE WISDOM of Wealth & Lifestyle : The Story of Smart Success for as long as you remain THE WISDOM member.

To enjoy these superior privileges, simply complete the application, sign with your full name, and submit together with a copy of your national ID card and other requested documentation by postal mail or at any KBank branch.

There is no annual fee for KBank THE WISDOM Card throughout the lifetime of the card.

Sincerely yours

KASIKORNBANK

Remarks :

The Bank reserves the right to terminate your KBank THE PREMIER Card when you activate your KBank THE WISDOM Card as you would soon gain our maximum privileges of KBank THE WISDOM Card.

KBank THE WISDOM The Best of Superior Privileges

Privileged Access to Investment Consultants



- Personal financial and investment consultation for personal wealth management
- K-Consolidated Statement
- K-Econ Analysis: In-depth investment analysis and data on economic shifts and trends
- THE WISDOM: Wealth & Lifestyle quarterly magazine
- THE WISDOM monthly e-Newsletter
- Investment recommendations & updates via SMS alert

THE WISDOM Financial Privileges for every financial transaction



Fee exemptions and preferential rates for financial services

Privileged Access to Services from KBank



- Priority service at KBank branches
- THE WISDOM Centers and reserved parking at KBank branches
- THE WISDOM Center with Safe Box
- THE WISDOM Contact Center 02-8888899

Superior Travel Privileges for Our Special Guest



- Priority Pass to lounges at airports worldwide
- Meet & Assist Service at Suvarnabhumi Airport
- Access to Royal Orchid Lounge at Suvarnabhumi Airport with presentation of THAI boarding pass
- Access to Royal Orchid Lounges at airports in other provinces
- Special discounts at leading hotels both in Thailand and abroad
- THE WISDOM Global Travel Accident Insurance Plan: Personal accident coverage when you charge your airfare to your KBank THE WISDOM card

Superior Lifestyle Privileges for You and Family



- Free annual health checkup at leading hospitals
- Use of facilities at leading fitness centers
- Free carwash service at leading department stores and carwash centers
- THE WISDOM Exclusive Experience
- Personal concierge service 24 hours a day
- Emergency roadside assistance
- Emergency home assistance

Please read the terms and conditions of credit card use and the Bank's service handbook
Details of interest rates, service fees, fees and other expenses for THE WISDOM Card:

1. Interest, fines, fees Other service fees Interest (all types of card) Limit utilization fee Late payment fee Other fees or service fees Interest start date ¹	20% p.a. None None None For purchase of goods/services, the interest starts on the date of transaction record. For cash withdrawal, the interest starts on the date of cash withdrawal.																
2. Minimum installment rate	10% of the amount specified in the statement or at least 1,000 Baht/billing cycle																
3. Cash withdrawal fee	3% of the amount of cash withdrawal, with at least 2,000 Baht for each withdrawal																
4. Interest-free repayment period given full repayment amount	Up to 15 days following the statement date																
Operating fee	THE WISDOM Card																
5. Annual fee (Baht)	- Annual fee waiver for the life of the card																
6. Bill payment fee	<table> <tr> <td>Payment via K-Direct Debit</td><td>None</td></tr> <tr> <td>Payment at KBank counters</td><td>None</td></tr> <tr> <td>Payment via K-Contact Center</td><td>None</td></tr> <tr> <td>Payment at Paypoint service counters</td><td>None</td></tr> <tr> <td>Payment with cheques or postal money orders</td><td>None</td></tr> <tr> <td>Payment at ATMs</td><td>None</td></tr> <tr> <td>Payment via K-Cyber Banking</td><td>None</td></tr> <tr> <td>Payment at other banks' counters²</td><td>None</td></tr> </table>	Payment via K-Direct Debit	None	Payment at KBank counters	None	Payment via K-Contact Center	None	Payment at Paypoint service counters	None	Payment with cheques or postal money orders	None	Payment at ATMs	None	Payment via K-Cyber Banking	None	Payment at other banks' counters ²	None
Payment via K-Direct Debit	None																
Payment at KBank counters	None																
Payment via K-Contact Center	None																
Payment at Paypoint service counters	None																
Payment with cheques or postal money orders	None																
Payment at ATMs	None																
Payment via K-Cyber Banking	None																
Payment at other banks' counters ²	None																
7. Replacement fee for lost/damaged card	500 Baht each time for THE WISDOM Card																
8. Account statement fee	50 Baht each time except for requests made via K-Contact Center and statements sent via facsimile																
9. Copy of sales record fee	For domestic transactions – 100 Baht/issue For international transactions – 200 Baht/issue																
10. Replacement fee for card PIN	100 Baht each time																
11. Transaction verification fee	None																
12. Fee for payment of taxes and fees to government agencies	Up to 2%																
13. Debt collection fee	88 Baht ³ /billing cycle																
14. Risk from currency conversion	2.5% of the median FX rates of the company of which KBank is a member ⁴																

Remarks:

- Interest rates and fees are subject to change with prior notice from the Bank.
- Credit card payment with cheque or at Paypoint service counters must be made three days before the due date.
- Cash withdrawal at ATMs in foreign countries may be subject to fees charged by the Acquiring banks.
- If the cardholder has an overdue payment beyond the due date, the Bank shall authorize a juristic person to collect said debt on behalf of the Bank. The Cardholder agree to be liable for any additional debt collection fees set or charged by KBank, and/or by the debt collection agency, as notified to the Cardholder.

1. Interest rate

- Interest on purchase amount is calculated from posting date until repayment date
- Interest on cash advance amount is calculated from withdrawal date until repayment date.
- No interest-free period for cash advance.

2. The service is not available now. The Cardholder will be notified of the update further.

3. Excluding VAT 7 percent.

4. Any expenses incurred from spending via credit card (including but not limited to cash advance) in any foreign currency shall be charged to the Cardholder in Thai Baht at the exchange rates being charged to the Bank by the relevant credit card company as of the date on which such amount is charged to the Bank. If the transaction amount is not in US Dollar, such amount shall be converted into US Dollar before converting into Thai Baht.

For preliminary reference, please check exchange rate from http://corporate.visa.com/pd/consumer_services/consumer_ex_rates.jsp in case of VISA card.

To prevent against currency conversion risk, the hedging premium at the rate not exceeding 2.5% of the spending amount shall be charged by the Bank.



For Bank Officer

Consent for Disclose Information via Facsimile

Made at _____ Date _____ Month _____ Year _____

Instructions for giving consent via facsimile

1. Consent grantor must fill in the form correctly and completely and sign its signature.
2. Consent grantor must attach following documents with consent via facsimile
Individual - copy of identification card which consent grantor must sign to certify true copy.
3. Consent grantor may send facsimile by itself or may assign any person to send on behalf of consent grantor.

Conditions for giving consent via facsimile

- Giving consent via facsimile is "electronic data" or is a clause which has been made, sent, received, kept, or processed by electronic method which consent grantor is prohibited to refuse the result, consequence, and enforcement by law of any clause just for the reason that such clause is in form of electronic data.
- Giving consent via facsimile, therefore, shall be deemed as giving consent according to the Credit Information Business Act in every respect.

Individual

I (Mr./MRS./MS.) _____ Last Name _____

Date of Birth (DD/MM/YY) _____ Telephone No _____

☐ Identification Card No.

Foreigner

☐ Passport No.

☐ Others _____ No.

The consent has been made by voluntariness of mine and to sent to the National Credit Bureau Co.,Ltd. (the company) via facsimile as an evidence that I hereby agree and consent to National Credit Bureau Co.,Ltd. to disclose or to provide my information to KASIKORNBANK PCL which is member or service recipient of the company for the purposes of credit analysis, issuance of credit card according to my application for credit/credit card which was given to the Bank/Company as mention above, including to the purposes of credit review, credit agreement extension/credit card renewal, risk management and prevention pursuant to the Bank of Thailand's stipulations. I further agree that any duplication and any copy, photocopy, electronic data, or facsimile which have been made as a copy from this original consent letter by means of photocopying, image scanning, or recording in whatever forms shall be deemed as evidence of my consent with the same effect as its original.

In addition, before giving consent, I have been informed of instructions and conditions of giving consent via facsimile which is prescribed in the head of this consent letter clearly.

X

Consent grantor/Company's authorized person of consent grantor

(Please print or use capital letters)

X

Witness (Please print or use capital letters)

X

Witness (Please print or use capital letters)

Remark : Information which the company discloses to member or service recipient is one of the constituent for credit analysis of financial institutions but disclosure of such information is right of information owner whether he/she will give it or not.

Application Form for Primary Card

Part 1

ธนาคารกสิกรไทย
开泰银行 KASIKORNBANK

Personal Data (Note: Primary card applicants must be at least 20 years old)(* Important information)

ชื่อ/ชื่อสกุล ภาษาไทย* ☐ นาย ☐ นาง ☐ นางสาว ☐ อื่นๆ _____

Name/Surname in English* ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

Name/Surname on Card

Only English Capital Letters (similar to that appearing in the passport)

[illegible]

Date of Birth

(Day/Month/Year - A.D.)

Nationality*

National ID No.

Passport No.

Education

☐ Lower than Bachelor's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Higher than Master's Degree

Marital Status*

☐ Single ☐ Married with Marriage Certificate ☐ Married without Marriage Certificate ☐ Divorced ☐ Widow/Widower with _____ Child(ren)

Spouse Name/Surname _____ Spouse Former Surname _____

Spouse Workplace _____ Tel No. _____

Spouse Income _____ Baht/Month Position _____

Type of Residence

☐ House ☐ Commercial Building/Townhouse ☐ Condominium/Apartment/Dormitory

☐ Own House ☐ Mortgage-free ☐ Under an installment contract/ by _____ Baht/Month

☐ Parents' House ☐ House of Relative/Sister, Brother/Others ☐ Welfare Housing

☐ Rent for _____ Baht/Month for _____ Years _____ Months

House Registration Address or Residential Address in Case of Foreigner

Village/Condominium _____ Unit No. _____ Floor _____ Address No. _____ Mu _____

Soi _____ Road _____ Kwaeng/Tambon _____

Khet/District _____ Province _____ Postal Code _____

Residential Address / Contact Address and Telephone Number

Village/Condominium _____ Unit No. _____ Floor _____ Address No. _____ Mu _____

Soi _____ Road _____ Kwaeng/Tambon _____

Khet/District _____ Province _____ Postal Code _____

Tel No.* _____ Fax No. _____

Mobile Phone No.* E-mail Address*

In case of foreigner, please specify address in the country per nationality*. _____

Occupation*

- ☐ State Employee, Class ____ ☐ State Enterprise Employee ☐ Company Employee ☐ Business Owner
☐ Business Owner with Commercial Registration ☐ Househusband/Housewife ☐ Freelancer

Career*

- ☐ Teacher/Instructor ☐ Police/Military Officials ☐ Architect ☐ Engineer ☐ Lawyer ☐ Judge/Prosecutor
☐ Physician ☐ Nurse ☐ Pharmacist ☐ Salesperson ☐ Other (Please Specify) _____

Business Sector ☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Service

Business Type

- | | | |
|--|--|--|
| <input type="checkbox"/> Paper/Printing | <input type="checkbox"/> Financial Service/Pawn Shop | <input type="checkbox"/> Medical Product/Hospital/Clinic |
| <input type="checkbox"/> Education | <input type="checkbox"/> Foreign Exchange | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Communication/Communication Tools | <input type="checkbox"/> Service | <input type="checkbox"/> Utilities/Electricity |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Funds Transfer | <input type="checkbox"/> Textile |
| <input type="checkbox"/> Agro-processing | <input type="checkbox"/> Petrochemical Products | <input type="checkbox"/> Property/Land Developer |
| <input type="checkbox"/> Logistics | <input type="checkbox"/> Plastics | <input type="checkbox"/> Food/Beverage |
| <input type="checkbox"/> Antique Shop | <input type="checkbox"/> Furniture/Sawmill | <input type="checkbox"/> Electronic Devices/Electrical Appliances |
| <input type="checkbox"/> Gems/Jewelry/Gold | <input type="checkbox"/> Auto/Parts | <input type="checkbox"/> Recruitment Agency for Alien Workers/
Job Abroad |
| <input type="checkbox"/> Armaments | <input type="checkbox"/> Contractor | <input type="checkbox"/> Others (Mining/Leather Products/
Shoes/Toys) or Please Identify
_____ |
| <input type="checkbox"/> Chemical Products | <input type="checkbox"/> Convenience Store | |
| <input type="checkbox"/> Machinery/Metal Products | <input type="checkbox"/> Hotel/Restaurant | |
| <input type="checkbox"/> Tour Agency | <input type="checkbox"/> Construction Material | |

Workplace Address*

Workplace Name* _____ Building _____ Floor _____ Department _____

Address No. _____ Mu _____ Soi _____ Road _____ Kwaeng/Tambon _____

Khet/District _____ Province _____ Postal Code _____

Tel No.* _____ Fax No. _____ Position* _____ Work Experience* _____ Years

Office Hours Convenient for Contact with the Bank

- ☐ 8.30 a.m. - 12.00 (noon) p.m. ☐ 1.00 - 5.30 p.m. ☐ 5.30 - 8.00 p.m.

In case of less than six months' work experience at present workplace, please identify former workplace and telephone number.

Former Workplace _____ Work Experience _____ Tel No. _____

Income*

A salary earner with income of _____ Baht/Month

A business owner with sales of _____ Baht/Month

Net profits (of applicant only) of _____ Baht/Month

Freelancer with income _____ Baht/Month

Other income _____ Baht/Month

Source of other income (with documentary evidence) ☐ Bonus ☐ Commission

☐ Other (Please Identify) _____

Income Receiving Method ☐ Cash/Cheque ☐ By Cash and Account Crediting

☐ Account Crediting: Please Specify Bank Name _____ Branch Name _____

Regular Expenses _____ Baht/Month

Net Asset Value*

☐ Less than 1 Million Baht ☐ From 1 Million Baht but less than 2 Million Baht

☐ From 2 Million Baht but less than 5 Million Baht ☐ From 5 Million Baht but less than 10 Million Baht

☐ From 10 Million Baht but less than 15 Million Baht ☐ From 15 Million Baht but less than 20 Million Baht

☐ 20 Million Baht or higher

Political Status and Related Persons*

Are you related to any head of state agency, Commander in Chief of Royal Thai Army, Royal Thai Air Force and Royal Thai Navy, Supreme Commander, Commissioner-General of Royal Thai Police, top officer of state agency/state enterprise? (Please Choose)

☐ No ☐ Yes, Please specify as follows

Name _____ Position _____

Relationship to You _____

Position held from _____ to _____ (Dates)

Part 2

Postal address where credit card statement, Wisdom of Wealth Magazine and other documents will be sent*:

- ☐ Residential Address ☐ Workplace Address

Application for SMS Service and K-eMail Statement

- ☐ Application for Spending Alert via SMS

Mobile Phone No. _____

- ☐ Application for Payment Due Alert via SMS

Mobile Phone No _____

- ☐ Application for K-eMail Statement

E-mail Address

- No application or service fees

- Once the service begins, no statement will be sent via post

If you wish to use K-ATM or K-Contact Center, please specify your KBank deposit account number (If two account types are used, they must be opened at the same branch.)
(Annual fee for credit card cash advance at ATMs is stipulated by KBank)

☐ Current Account Account No.

☐ Savings Account Account No.

Credit Card Payment (Choose one of the following items)*

- ☐ Payment with cash or cheque of at least 10 percent of the amount indicated in the statement or at least 1,000 Thai Baht a month, whichever is higher
- ☐ Payment by account debiting, applicable only with your KBank deposit account

☐ Current Account ☐ Savings Account

Account No.

Account Name _____

Account Debiting Condition

- ☐ 10 percent of the amount indicated in the statement or at least 1,000 Thai Baht a month, whichever is higher
- ☐ Full amount as indicated in the statement

Application and Document Submission

- At any convenient KBank branch
- To postal address: KASIKORNBANK PCL., Unsecured Credit and Merchant Product Service Fulfillment Department, 7th Floor, Chaeng Watthana Main Branch, Muangthong Thani, No. 47/7, Mu 3, Popular Road, Tambon Ban Mai, Pak Kret District, Nonthaburi, 11120

For more information, Please call THE WISDOM Contact Center, Tel. 02-8888899 or visit www.kasikornbank.com

Certification and Agreement of Applicant for Primary Card

I, the applicant for the Primary Card, hereby request KASIKORNBANK PCL ("The Bank") to issue a KBank Credit Card as selected by the applicant or as deemed appropriate by the Bank ("Credit Card"). I hereby certify that the above information is true and correct in all respects. Where supplementary Credit Cards are also applied for, I hereby consent to accept mutual responsibility for any and all liabilities and/or expenses incurred with supplementary Credit Card usage. I hereby agree to be bound by the terms and conditions for credit cards issued by KASIKORNBANK attached to the card.

I hereby agree that the Bank reserves the right for card renewal/termination and/or issuance of other types of card to replace existing card for me or supplementary card / service applicant as deemed appropriate by the Bank, should I or the supplementary card / service applicant not qualify in accordance with terms and conditions specified for each credit card.

Signed **X** _____

Primary Card Applicant/ Service Applicant/Actual Beneficiary

Date _____ Month _____ Year _____

I agree to allow the Bank to disclose my information provided here to KASIKORNBANK FINANCIAL CONGLOMERATE assigned by the Bank* for consideration and presentation of other products, services or other offers, and/or for other purposes:

Signed **X** _____

Primary Card Applicant/ Service Applicant/Actual Beneficiary

Date _____ Month _____ Year _____

Remarks:

*KASIKORNBANK FINANCIAL CONGLOMERATE assigned by the Bank refers to KASIKORN LEASING Co., Ltd., KASIKORN FACTORY AND EQUIPMENT Co., Ltd., KASIKORN ASSET MANAGEMENT Co., Ltd., KASIKORN SECURITIES Pcl., KASIKORN RESEARCH CENTER Co., Ltd., Muangthai Broker Co., Ltd., Muang Thai Life Assurance Pcl., Muang Thai Insurance Pcl., Progress Multi Insurance Broker Co., Ltd., KASIKORNBANK, and companies to be established under KASIKORNBANK FINANCIAL CONGLOMERATE in the future.

The Bank reserves the right to terminate your KBank THE PREMIER Card when you activate your KBank THE WISDOM Card as you would soon gain our maximum privileges of KBank THE WISDOM Card.

For Bank Official

Primary Card _____ Project Code

Recommending Person (Name/Surname) _____

Branch Code Staff Code

Salesperson (Name/Surname) _____

Branch Code Staff Code

KYC Verification Provider _____ Branch Code

Opinion _____

Signature (Please write clearly) _____

Position _____ Date _____

Document Verification Provider _____ Branch Code

Opinion _____

Signature (Please write clearly) _____

Position _____ Date _____

Part 3

Application Form for Supplementary Card

Name/Surname of Primary Cardholder _____

No. of Primary Card

Relationship to Primary Cardholder ☐ Spouse ☐ Son/Daughter ☐ Parent ☐ Brother/Sister

☐ Other (Please specify) _____

Personal Data (Note: Supplementary card applicants must be at least 15 years old)

ชื่อ/ชื่อสกุล ภาษาไทย ☐ นาย ☐ นาง ☐ นางสาว ☐ อื่นๆ _____

Name/Surname in English ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

Name/Surname on Card

Only English Capital Letters (similar to that appearing in the passport)

[illegible]Date of Birth (Day/Month/Year - A.D.) / / Nationality*

National ID No. Passport No. _____

Marital Status* ☐ Single ☐ Married with Marriage Certificate ☐ Married without Marriage Certificate

☐ Divorced ☐ Widow/Widower with _____ Child(ren)

Occupation* _____ Workplace Name* _____

Workplace Address* _____

Tel No. _____

Residential Address/Place to send Credit Card*

Village/Condominium _____ Unit No. _____ Floor _____ Address No. _____ Mu _____

Soi _____ Road _____ Kwaeng/Tambon _____

Khet/District _____ Province _____ Postal Code _____

Tel No.* _____ Fax No. _____

[illegible]

Application for SMS Service

☐ Application for Spending Alert via SMS

Mobile Phone No. _____

☐ Application for Payment Due Alert via SMS

Mobile Phone No. _____

If you wish to use K-ATM or K-Contact Center, please specify your KBank deposit account number (If two account types are used, they must be opened at the same branch.)

(Annual fee for credit card cash advance at ATMs is stipulated by KBank)

☐ Current Account

[illegible]☐ Savings AccountAccount No.

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Credit Card Payment (Choose one of the following items)*

☐ Payment with cash or cheque of at least 10 percent of the amount indicated in the statement or at least 1,000 Thai Baht a month, whichever is higher

☐ Payment by account debiting, applicable only with your KBank deposit account (excluding joint account). I, hereby, agree that the Bank debit my following deposit account:

☐ Current Account ☐ Savings Account

Account No

Account Name _____

Account Debiting Conditions

☐ 10 percent of the amount indicated in the statement or at least 1,000 Baht a month, whichever is higher

☐ Full amount as indicated in the statement

Certification and Agreement of Applicant for Supplementary Card

I, Supplementary Cardholder, hereby certify that the above information is true and correct in all respects, and agree to be bound by the terms and conditions for credit cards issued by KASIKORNBANK attached to the card.

I hereby agree that the Bank reserves the right for card renewal/termination and/or issuance of other types of card to replace my existing card as deemed appropriate by the Bank, should I not qualify in accordance with terms and conditions specified for each credit card.

Signed **X** _____

Supplementary Card Applicant/ Service Applicant/Actual Beneficiary

Date _____ Month _____ Year _____

I agree to allow the Bank to disclose my information provided here to KASIKORNBANK FINANCIAL CONGLOMERATE assigned by the Bank* for consideration and presentation of other products, services or other offers, and/or for other purposes:

Signed **X** _____

Supplementary Card Applicant/ Service Applicant/Actual Beneficiary/Consent Grantor

Date _____ Month _____ Year _____

Remarks:

*KASIKORNBANK FINANCIAL CONGLOMERATE assigned by the Bank refers to KASIKORN LEASING Co., Ltd., KASIKORN FACTORY AND EQUIPMENT Co., Ltd., KASIKORN ASSET MANAGEMENT Co., Ltd., KASIKORN SECURITIES Pcl., KASIKORN RESEARCH CENTER Co., Ltd., Muangthai Broker Co., Ltd., Muang Thai Life Assurance Pcl., Muang Thai Insurance Pcl., Progress Multi Insurance Broker Co., Ltd., KASIKORNBANK, and companies to be established under KASIKORNBANK FINANCIAL CONGLOMERATE in the future.

The Bank reserves the right to terminate your KBank THE PREMIER Card when you activate your KBank THE WISDOM Card as you would soon gain our maximum privileges of KBank THE WISDOM Card.

Limit of Supplementary Card granted by Primary Cardholder*

☐ Equal to Primary Card ☐ 50 percent of Primary Card ☐ 25 percent of Primary Card

☐ Specified amount in Thai Baht: _____ Baht

(The combined limits of Primary and Supplementary Cards, the Credit Line, shall not exceed the limit of the Primary Card.)

I, the applicant for the Primary Card, agree to allow the above applicant to be the Supplementary Cardholder, and request KASIKORNBANK ("the Bank") to issue the Bank's credit card ("the Card") as selected by the applicant or as deemed appropriate by the Bank. I hereby certify that the above information is true and correct in all respects, and agree to jointly bear all liabilities and expenses incurred from card utilization.

Signed **X** _____

Applicant for Primary Card / Consent Grantor

Date _____ Month _____ Year _____

* To apply for a supplementary card, call THE WISDOM Contact Center: 02-8888 8899.

Where to Submit Application and Documentation

- At any convenient KBank branch
- Send by postal mail to KASIKORNBANK PCL, Unsecured Credit and Merchant Product Service Fulfillment Department, 7th Floor, Chaeng Watthana Main Branch, Muang Thong Thani, 47/7 Mu 3, Popular Road, Ban Mai Sub-District, Pak Kret District, Nonthaburi 11120

For more information, Please call THE WISDOM Contact Center, Tel. 02-8888899

For Bank Official

Primary Card _____ Project Code

Recommending Person (Name/Surname) _____

Branch Code Staff Code

Salesperson (Name/Surname) _____

Branch Code Staff Code

KYC Verification Provider _____ Branch Code

Opinion _____

Signature (Please write clearly) _____

Position _____ Date _____

Document Verification Provider _____ Branch Code

Opinion _____

Signature (Please write clearly) _____

Position _____ Date _____

Credit Shield Insurance

Credit Shield Insurance offers up to 500,000 Baht coverage for a premium of only 0.19 percent of outstanding balance, with following coverage details:

In case of death or total and permanent disability (TPD), the policy pays out the total outstanding K-Credit Card balance up to a maximum of 500,000 Baht, as of the day of death or the onset of TPD.

In case of total and temporary disability (TTD), the policy pays out monthly compensation of 10 percent of the total outstanding K-Credit Card balance as of the onset of TTD; compensation will be made for up to 10 months such that the total shall not exceed the credit limit of the card or the maximum coverage of 500,000 Baht, whichever is lower.

Please indicate your intention to apply for Credit Shield Insurance,

I am a primary and/or supplementary card applicant and wish to apply for Credit Shield Insurance coverage for my:

☐ Primary card ☐ Supplementary card

I hereby certify that I am less than 65 years of age, in good health, have never been diagnosed or infected with HIV and that I suffer no disabilities. Should I be unsatisfied with any Credit Shield Insurance conditions, I may terminate coverage with written notice to the Bank seven days in advance.

I authorize to have premium charged to my K-Credit Card account. I understand and acknowledge that coverage under conditions of Credit Shield Insurance policy shall terminate on the day my card membership terminates.

Signed <u>X</u>	Signed <u>X</u>
Primary Card Applicant	Supplementary Card Applicant
Date: DD/MM/YY _____	Date: DD/MM/YY _____

Office of the Insurance Commission Warning

Applicant for insurance shall provide true information as requested on the application. Any concealment of facts by the applicant may result in the insurance company refusing compensation under the insurance contract in accordance with Section 865 of the Civil and Commercial Code.

Remarks:

- Detailed conditions of coverage may be found in the letter acknowledging issuance of a group insurance policy by Muang Thai Life Assurance. The letter will be sent to you upon approval of your insurance application.
- Coverage under the conditions of your Credit Shield Insurance policy shall begin once the premium is paid and shall remain in force as long as you hold K-Credit Card membership and participate in this program, even if a new K-Credit Card number is issued with a card replacement.
- Premiums shall be charged to your K-Credit Card account and coverage shall be based on the outstanding balance as of the day of death or the onset of disability.
- Insurable age limits: 20-64 years as of year of application.

Supporting Documents for THE WISDOM Card Application

Please complete this application form and submit it with a copy of 1) personal identification document and 2) income evidence, all of which must bear handwritten "Certified As True" and the signature (identical with that shown on this application) of the applicant.

Personal Identification Documents (select one only)

- ☐ A copy of valid National ID card that shows the 13-digit ID card number, and certificate of changing name or surname (if any), or
- ☐ A copy of valid Government/State Enterprise ID card, or
- ☐ A copy of valid passport, Thai visa and work permit indicating valid residency in the Kingdom of Thailand (for foreign nationals living in Thailand)

Income Evidence

Please select the type of employment. Persons who are THE WISDOM card applicants by invitation are not required to submit income documents.

For fixed-income earners

- ☐ Original salary payslip or original salary certification letter (not older than three months)
 - Withholding Tax Certificate (50 bis) showing income earned last year or for at least the past six months, if salary is paid in cash
 - Withholding Tax Certificate (50 bis) showing income earned last year or for at least the past six months, or a copy of bank statement of the past three months showing salary credit transaction, if salary is paid through bank payroll service

For fixed-income earners who have other sources of income

- ☐ Original salary payslip for the past three months (totaling three sets) or salary certification letter showing income for the past three months (not older than three months), and
 - Withholding Tax Certificate (50 bis) showing income earned last year or for at least the past six months, if salary is paid in cash
 - Withholding Tax Certificate (50 bis) showing income earned last year or for at least the past six months, or a copy of bank statement showing income from other sources for at least the past six months, if salary is paid through bank payroll service

For retired government officials

- ☐ Original salary payslip or salary certification letter (not older than three months), or
- ☐ A copy of pension card, or a pension payment cover letter, or
- ☐ A copy of bank statement showing monthly pension payment for at least the past three months

For freelance workers (such as entertainers, insurers and direct salespersons)

- ☐ Withholding Tax Certificate (50 bis) showing income earned last year, or for at least the past six months

For fixed-income earners

- ☐ A copy of bank statement of fixed deposit/savings accounts held with any commercial bank for at least the past six months

For holders of other valid K-Bank credit cards

Please send a copy of the front side of the credit card to aid in approval processing

For business operators/proprietors/self-employed

For businesses proprietors registered on behalf of a natural person

- ☐ A copy of Commercial Registration Certificate, and
- ☐ Copies of bank statements (primary account of business/ primary account being used in business) held by a natural person for at least six months

For shareholders in a business registered by a juristic person (Public Limited Company, Limited Company, Limited Partnership or Registered Ordinary Partnership)

- ☐ A copy of Registration Certificate not older than six months, and
- ☐ A copy of shareholders' list not older than one year (for Public Limited Company and Limited Company only), and
- ☐ A copy of bank statement held on behalf of a juristic person, for at least the past six months

For business proprietors registered on behalf of Ordinary Partnership/Group of Persons

- ☐ A copy of Commercial Registration Certificate, and
- ☐ A copy of Ordinary Partnership registration/application form, and
- ☐ A copy of bank statement held on behalf of Ordinary Partnership/Group of Persons, for at least the past six months

Required Documents for Supplementary Card Application

(for applicant at least 15 years of age)

- ☐ A copy of valid National ID card
- ☐ A copy of valid passport and visa (for foreign nationals living in Thailand)

In any event, the Bank hereby reserves the right to return the documents to the applicant.

Please submit the application form and required documents at any convenient KBank branch, or send them to KASIKORNBANK PCL., Unsecured Credit and Merchant Product Service Fulfillment Department, No.47/7 Mu 3, Popular Road, Tambon Ban Mai, Pak Kret District, Nonthaburi 11120. For more information, Please call THE WISDOM Contact Center, Tel. 02-8888899

The Bank reserves the right to approve and extend THE WISDOM card under the terms and conditions for THE WISDOM customers of KASIKORNBANK.

The WISDOM card approval must pass an inspection by the National Credit Bureau of which all financial institutions are members only.



The Symbol of Smart Success



KASIKORNBANK PCL

1 Soi Rat Burana 27/1, Rat Burana Road, Rat Burana Sub-District
Rat Burana District, Bangkok 10140, Thailand

THE WISDOM Contact Center Tel. 02-8888899

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