

Office Address Information Attachment

For non-VAT registrant with multiple places of business

Taxpayer Identification No.

Taxpayer Name.....

Name and Office Address : ..... branch/branches

(Please identify the first list with the primary operational location.)

1. Name of Place of Business.....

Address : Building .....Room No. .... Floor No. ....Village.....

House No. ....Moo.....Lane/Soi.....Junction.....Road.....Sub-District.....

District.....Province.....Postal Code

2. Name of Place of Business.....

Address : Building .....Room No. .... Floor No. ....Village.....

House No. ....Moo.....Lane/Soi.....Junction.....Road.....Sub-District.....

District.....Province.....Postal Code

3. Name of Place of Business.....

Address : Building .....Room No. .... Floor No. ....Village.....

House No. ....Moo.....Lane/Soi.....Junction.....Road.....Sub-District.....

District.....Province.....Postal Code

4. Name of Place of Business.....

Address : Building .....Room No. .... Floor No. ....Village.....

House No. ....Moo.....Lane/Soi.....Junction.....Road.....Sub-District.....

District.....Province.....Postal Code

5. Name of Place of Business.....

Address : Building .....Room No. .... Floor No. ....Village.....

House No. ....Moo.....Lane/Soi.....Junction.....Road.....Sub-District.....

District.....Province.....Postal Code