Office Address Information Attachment

For non-VAT registrant with multiple places of business

Taxpayer Identification No. ☐☐☐☐☐☐☐☐☐☐☐☐☐

Taxpayer Name.....

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

(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 ☐☐☐☐☐