



APPLICATION FORM PAYMENT SERVICE 支付业务申请表

Dynamic Payment Co., Ltd.

SECTION 1 - Merchant Information 商家信息

Merchant Registered Name / Company Name : 注册名称 / 公司名称 :	
Merchant Name Thai: 泰文店名 :	
Merchant Name English : 英文店名 :	
Tax ID Number/National ID Number: 纳税人识别号/身份证号码 :	
Business Address : 商店地址 :	
Phone Number : 电话号码 :	
E-mail Address : 电子邮箱地址 :	
Document delivery address : 发送文件的地址 :	☐ 1 Same business address/ 同商店地址 ☐ 2 Specify the address / 请填写地址
Business Type: 业务类型 :	
Website URL : 网站网址 :	
Link URL : 社交媒体链接网址 :	

SECTION 2 - Merchant Detail 商家详细信息

Bank Name : 银行名称 :	
Account Name : 账户名 :	
Account Type : 银行账户类型 :	
Branch : 分行 :	

If you have any questions regarding the completion of the information, please contact the relevant officer or submit the documents for verification and confirmation.

如对资料填写有任何疑问, 请联系相关负责人, 或提交文件以供审核确认。

电话 Call : 065-502-5777 , 083-000-1178

电子邮件 E-mail : dpth@dynamicg.com



Line: @dpthai66

Application Form for Payment System / 支付业务申请表 / 协港支付有限公司服务

Please fill in the information neatly**请工整填写

Agent Number/代理商编**▪ Address for Tax Invoice / 收据地址**

Tax Identification Number / 纳税人识别号

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** Thai language / 泰语 :

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.....

☐ Head Office / 总公司 ☐ Branch(specify) / 分行 (请注明)

** English language / 英语 :

.....

.....

** E-Tax Invoice by e-mail / 用于电子发票系统的电子邮件:

▪ Entrepreneur Information 企业家信息

Mr./Mrs./Ms. 先生/女士/小姐 Position / 职位.....

Phone Number / 电话号码 E-mail / 电子邮箱

ID Line : ID WeChat / 微信号:

▪ Store contact person information 商店管理者信息

Mr./Mrs./Ms. 先生/女士/小姐 Position / 职位.....

Phone Number / 电话 E-mail / 电子邮箱

ID Line : ID WeChat / 微信号:

**Emergency contact or payment-related issues 用于紧急联系或付款问题

▪ Payment per transaction (Based on the value of the goods) 每次支付的金额 (根据估算的产品价**Type of Product / Service / 产品/服务类型**

Minimum amount / transaction 每次支付最低金额

- | | | |
|---|---|---|
| ☐ Less Than 100 Baht
低于 100 泰铢 | ☐ 100-1000 Baht
100-1000 泰铢 | ☐ 1,000-10,000 Baht
1000-10000 泰铢 |
| ☐ 10,000-50,000 Baht
10000-50000 泰铢 | ☐ (specify)/ 其它规定 | |

Maximum amount / transaction 每次支付最高金额

- | | | |
|--|---|---|
| ☐ Less Than 5,000 Baht
低于 5,000 泰铢 | ☐ 5,000-50,000 Baht
5,000-50,000 泰铢 | ☐ 50,000-100,000 Baht
50,000-100,000 泰铢 |
| ☐ 100,000 baht and above
高于 100,000 泰铢 | ☐ (specify)/ 其它规定 | |

Note: In the event that a merchant's transaction amounts are unusually high, the company reserves the right to review sales records to ensure compliance with the terms and conditions of UnionPay WeChat, Alipay and PromptPay.

注意：如商户的交易金额出现异常偏高情况，本公司有权审核相关销售记录，以确保符合银联、微信、支付宝及泰国即时支付系统的相关条款与规定。

Political Position (Candidate) 政治职位（申请人）

- | | |
|---------------------------------|---|
| ☐ None 否 | ☐ Yes Name 是名字 |
|---------------------------------|---|

History of offenses under anti-money laundering laws in the past 3 years 过去三年违反反洗钱法的犯罪：

- | |
|--|
| ☐ No violations 否犯罪 |
| ☐ Previously had a record of predicate offense (s) 曾有轻微犯罪记录 |

If you have a history of offenses, please select your involvement in the following types of merchant transactions.

如果您有犯罪记录、请选择以下商店交易类型参与：

- | | |
|--|--|
| ☐ None 否 | ☐ Gems, Jewelry, and Gold Business 珠宝、钻石和黄金交易业务 |
| ☐ Tourism business 旅游业务 | ☐ Employment agency business 职业介绍机构业务 |
| ☐ Entertainment and service business 服务业务 | ☐ Antique trading business 古董业务 |

"The merchant has received the agreements, terms and conditions of service for UnionPay, WeChat, Alipay and PromptPay along with guidelines and operational instructions, and agrees to comply with all such agreements, terms, conditions, guidelines, and operational instructions."

商户已收到有关银联、微信、支付宝及泰国即时支付系统服务之协议、条款与条件，以及相关指引和操作说明，并同意遵守所有该等协议、条款、条件、指引及操作规范。

☐ I consent to Dynamic Payment Co., Ltd. collecting, using, and disclosing my personal information for my application for the Payment System / Dynamic Payment Service and for personal background verification.

I agree that the following information may be disclosed :

1. Information I provided in the application form, including references or related persons and my personal background.

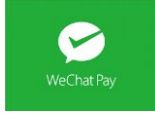
2. Information contained in any documents or evidence I submitted to Dynamic Payment Co., Ltd. via letters, E-Mail, LINE, WeChat, or other communication channels.

本人同意 Dynamic Payment Co., Ltd. 为办理支付系统 / 协港支付有限公司申请及进行个人背景审核之目的, 依法收集、使用及披露本人的个人资料。

本人同意披露以下信息:

1. 本人在申请表中所提供的资料, 包括推荐人、相关联系人及个人背景信息。

2. 本人通过信函、电子邮件 (E-Mail)、LINE、WeChat 或其他通讯渠道向 Dynamic Payment Co., Ltd. 提交的任何文件、资料或证明中所包含的信息。

Payment Service - 支付服务				
PAYMENT 支付	 UNION PAY	 WECHAT PAY	 ALIPAY	 PROMPT PAY
POS Payment 刷卡机: Requested 数量: ☐	MDR 手续费 _____ (%) (Diamond card, Platinum card 2.4%)	MDR 手续费 _____ (%)	MDR 手续费 _____ (%)	MDR 手续费 _____ (%)
QR CODE 扫码: Requested 数量: ☐	MDR 手续费 _____ (%)	MDR 手续费 _____ (%)	MDR 手续费 _____ (%)	MDR 手续费 _____ (%)
Online Payment 线上支付: Requested 数量: ☐	MDR 手续费 _____ (%)	MDR 手续费 _____ (%)	MDR 手续费 _____ (%)	MDR 手续费 _____ (%)

Company Director / Merchant Owner

公司法人 / 商店物主

Dynamic Payment Co., Ltd.

协港支付有限公司

Sign 签名

(.....)



Sign 签名

(Dynamic Payment Co., Ltd.)

Date

For Officers Only 适用于员工。

Sign..... Agent / Officer

(.....)

Date.....

Sign..... Reviewer

(.....)

Date.....

Required Documents for Payment Service Registration

支付业务的商户注册文件

Required Documents for Payment Service Registration 支付业务的商户注册文件	
Company / Limited Partnership 公司或者合伙企业商店类型	Type: Individual / Partnership 个人或者多人商店类型
☐ Application Form for Payment System Service 填写支付业务申请表	☐ Application Form for Payment System Service 填写支付业务申请表
☐ Copy of the National ID Card or Passport of the Authorized Signatory 公司董事的身份证或者董事会授权人护照。（复印件）	☐ Copy of the National ID Card or Passport of the Authorized Signatory 公司董事的身份证或者董事会授权人护照。（复印件）
☐ Copy of the Certificate of Incorporation / Company Registration (not older than 3 months) 公司商业登记注册证书的复印件。（不超过三个月内）	☐ Copy of Commercial Registration Certificate / Partnership Registration Certificate 商户登记证书或者法人成立证书（复印件）
☐ Copy of Shareholders' Register 股东名单副本（复印件）	☐ Bank Passbook Page and Bank Statement for the Past 3 Months 银行账户正面和最近三个月的对账单。（复印件）
☐ Copy of VAT Registration Certificate / Copy of Commercial Registration Certificate PND20 或者商户登记证书。（复印件）	☐ Photos of the store entrance, storefront, and interior, totaling 4-6 images. 拍商店门口能看到商店名称和店里（如店内商品陈列、收银台等）的照片共 4-6 张。
☐ Copy of Professional License or Others (if any) 如果有专业证明书或者其他文件。（复印件）	☐ Photos of the most expensive and least expensive products, totaling 3-4 images. 拍最贵和最便宜的产品共 3-4 张图片。
☐ Bank Passbook Page and Bank Statement for the Past 3 Months 银行账户正面和最近三个月的对账单。（复印件）	☐ Map of the store/company location from Google Maps and the Google coordinates 商店或者公司的谷歌地址图片和谷歌坐标。
☐ Photos of the store entrance, storefront, and interior, totaling 4-6 images. 拍商店门口能看到商店名称和店里（如店内商品陈列、收银台等）的照片共 4-6 张。	☐ Withholding Tax Certificate 预扣税授权书。
☐ Photos of the most expensive and least expensive products, totaling 3-4 images. 拍最贵和最便宜的产品共 3-4 张图片。	☐ (Civil registration) 户籍正
☐ Map of the store/company location from Google Maps and the Google coordinates 商店或者公司的谷歌地址图片和谷歌坐标。	
☐ Withholding Tax Certificate 预扣税授权书。	

Please complete all information attach the required store documents and send the original documents to :

请完整填写服务申请表，并附上店铺相关文件，同时将纸质原件寄送至以下地址：动态支付有限公司地址：

Dynamic Payment Co., Ltd. 36/75 P.S.TOWER , Bldg.22/F, Sukhumvit21Rd, Klongtoey Nua, Watthana, Bangkok 10110 Thailand

Call: 065-5025777 , 02-0586993



Consent Form for the Collection, Use, and Disclosure of Personal Information

DD _____ MM _____ YYYY _____

Name - Surname _____ (Consentor)

Tax ID or Thai ID number _____ Merchant Name _____

Merchant number (MID) _____ Address _____

Telephone _____ E-mail _____

Please indicate your status as the personal data owner:

☐ I am the personal data owner☐ I am acting on behalf of the personal data owner

Please provide the details of the personal data owner:

Full Name of the Personal Data Owner: _____

Identification / Passport Number: _____

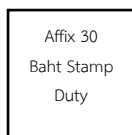
I hereby provide my consent for the collection, use, and disclosure of my personal data, of which I am the lawful owner, in accordance with the Personal Data Protection Act B.E. 2562 (2019), under the following conditions:

1. I consent to the collection and storage of my personal data.
2. I consent to the disclosure and use of my personal data within the organization and/or relevant affiliated entities.
3. I consent to the transfer, use, and/or disclosure of my personal data to other data controllers (Data Portability), affiliated companies, or external service providers for purposes related to the services provided.

Furthermore, as the personal data owner, I understand that I may withdraw all or part of this consent at any time by providing written notice to the Company.

I hereby certify that all information provided above is true, complete, and accurate in every respect. I further acknowledge and accept the terms and conditions regarding the exercise of my rights as the personal data owner. Phraya Pay Co., Ltd. shall be entitled to proceed in accordance with the terms and conditions stated herein.

Signature _____ Consentor
(_____)Signature _____ Witness
(_____)



Power of Attorney for Withholding Tax Deduction

DD_____MM_____YYYY_____

By this Letter, I/we, Company, represented by
Mr. / Mrs. / Ms., being the authorized representative, with domicile / registered
office Address,
hereinafter referred to as the "Grantor," hereby appoint and authorize:

Dynamic Payment Co., Ltd., having its registered office located at 36/75 P.S. Tower, 22nd Floor, Sukhumvit 21 Road, Khlong Toei Nuea Subdistrict, Watthana District, Bangkok 10110, hereinafter referred to as the "Company," is appointed by the Grantor as the authorized representative to carry out withholding tax procedures, issue withholding tax certificates, file withholding tax returns, and remit withholding taxes to the Revenue Department on behalf of the Grantor, with the following terms and conditions:

1. The Grantor hereby appoints the Company as its authorized representative to perform withholding tax deductions, issue withholding tax certificates, file withholding tax returns, remit withholding taxes, submit or receive any documents, provide clarifications or statements to the Revenue Department or relevant officials, including making amendments, revisions, or deletions to any documents related to the aforementioned matters, as well as adding any statements to tax invoices as required by the Revenue Department.
2. This Power of Attorney shall become legally binding only when the Grantor has duly signed this document, notified the Company of the commencement date of operations, and received confirmation of acceptance from the Company. Until such confirmation is received from the Company, the Grantor shall remain fully responsible for all obligations stated in Clause 1 in accordance with applicable laws and regulations.
3. The Grantor agrees to pay all expenses and/or service fees arising from the execution of this Power of Attorney as prescribed by the Company.
4. The Company shall bear no liability whatsoever and shall not assume any tax liability on behalf of the Grantor, including any duty to verify the tax base, source of income, or correctness of withholding tax payments. Any damages arising from or related to any actions carried out under this Power of Attorney shall be the sole responsibility of the Grantor.
5. The Grantor agrees that the Company may appoint one or more substitute representatives to perform any acts under this Power of Attorney.

Any acts performed by the Company or its appointed substitute representatives within the scope of this Power of Attorney shall be deemed as acts performed by the Grantor in all respects.

In witness whereof, the Grantor has hereunto affixed his/her signature in the presence of the witnesses below.



Signature Principal

()

Signature Witness

()

Signature Witness

()