

Date...../...../.....

Contract No. (Taxpayer identification number-DD/MM/YYYY) **TVG**-.....-...../...../.....

This Withholding Tax Agent Appointment Agreement (the "WHT Agent Agreement") is made and entered into by and between.....[Client's Company Name], having its head office located at represented by the authorized person or authorized representative, with taxpayer identification number hereinafter referred to as the "**Payer**", and

True Visions Group Co., Ltd., having its head office located at 118/1 Rama 6 Road, Phayathai, Phayathai District, Bangkok 10400, represented by the authorized person or authorized representative, with taxpayer identification number **0105551056821**, hereinafter referred to as the "**Agent**". The parties hereby agree as follows:

1. The Payer hereby appoints True Visions Group Co., Ltd., the person whose tax is withheld, as its WHT agent to handle the withholding tax process on its behalf. The Agent shall be responsible for withholding tax, filing withholding tax returns, and submitting the withheld income tax to the Revenue Department through the electronic system.
2. This WHT Agent Agreement shall take effect from [5 working days after submission date] and remain valid until the Payer terminates the service with the Agent or until either party provides written notice of termination of this appointment to another party.
3. The stamp duty for this WHT Agent Agreement has been paid through the electronic stamp duty system of the Revenue Department (as per the attached document). Both parties agree to retain a copy of this WHT Agent Agreement at their respective head offices and make it available for inspection by the Revenue Department officers when required.

- ☐ Apply to all Branches.
- ☐ Specify Branches (Specify Account no. or Group code)

Account no./Group Code

(including future service numbers to be obtained from True Visions as the Agent)

1.....	6.....
2.....	7.....
3.....	8.....
4.....	9.....
5.....	10.....

Signature

(.....)

Authorized Person or authorized representative of the Payer

Company Name.....

with Company Stamp (If any)

Signature

(.....)

Authorized Persons or authorized representative of the Agent

Company Name True Visions Group Co., Ltd.

with Company Stamp (If any)

Please provide an email address to send the fully signed agreement.....