|     | Contribution summary sheet in case of collective filing                                      |                     |                       |                       |               |                  |         |   |                                 |        |   |  |  |  |
|-----|--|---------------------|-----------------------|-----------------------|---------------|------------------|---------|---|---------------------------------|--------|---|--|--|--|
|     | (Used in the case of employers submitting payment from the total contribution of the branch) |                     |                       |                       |               |                  |         |   |                                 |        |   |  |  |  |
|     |  |                     |                       |                       |               |                  |         |   |                                 |        |   |  |  |  |
|     | For monthly wagesYears   |                     |                       |                       |               |                  |         |   |                                 |        |   |  |  |  |
|     | Name of establishment  |                     |                       |                       |               |                  |         | Account Number:                             |                                 |        |   |  |  |  |
|     |  |                     |                       |                       |               |                  | Percent | age Contribution Rate:                      |                                 |        |   |  |  |  |
|     |  |                     |                       |                       |               |                  |         |   |                                 |        |   |  |  |  |
| 1   | 2  | 3                   | 4                     | 5 6 7                 |               |                  |         | For employees of the Social Security Office |                                 |        |   |  |  |  |
|     |  |                     | contribution          | contribution Employer | Total         | Quantity Insurer |         | Payment date:                               |                                 |        |   |  |  |  |
| No. | Brunch   | Total wages         | insurer               | contributions         | contributions | Contributing     |         | Additional money (if any)                   | baht                            | Satang |   |  |  |  |
|     |  |                     |                       |                       |               |                  |         | receipt number                              |                                 |        |   |  |  |  |
|     |  |                     |                       |                       |               |                  |         |   |                                 |        |   |  |  |  |
|     |  |                     |                       |                       |               |                  |         | Signature                                   |                                 |        |   |  |  |  |
|     |  |                     |                       |                       |               |                  |         | (   |                                 |        | ) |  |  |  |
|     |  |                     |                       |                       |               |                  |         |   |                                 |        |   |  |  |  |
|     |  |                     |                       |                       |               |                  |         | Position:                                   |                                 |        |   |  |  |  |
|     |  |                     |                       |                       |               |                  |         |   |                                 |        |   |  |  |  |
|     |  |                     |                       |                       |               |                  |         |   | For bank officers/service units |        |   |  |  |  |
|     |  |                     |                       |                       |               |                  |         | Payment date:                               |                                 |        |   |  |  |  |
|     |  |                     |                       |                       |               |                  |         | Receipt number                              |                                 |        |   |  |  |  |
|     | Total for this sheet only  |                     |                       |                       |               |                  |         | Bank/Service Stamp                          |                                 |        |   |  |  |  |
|     | Total Amount   |                     |                       |                       |               |                  |         |   |                                 |        |   |  |  |  |
|     |  |                     |                       |                       |               |                  |         | Signature                                   |                                 |        |   |  |  |  |
|     |  |                     |                       |                       |               |                  |         | (   |                                 |        | ) |  |  |  |
|     |  | Connerete           | Signature. Employer ) |                       |               |                  |         | Position:                                   |                                 |        |   |  |  |  |
|     |  | Cooperate<br>Signal |                       |                       |               |                  |         |   |                                 |        |   |  |  |  |
|     |  | (if any)            | Position              |                       |               |                  |         |   |                                 |        |   |  |  |  |
|     |  |                     | Filed date            | month                 | Yea           | ·                |         |   |                                 |        |   |  |  |  |

|                |  |                     | Contribution sun        | nmary sheet in cas     | e of collective filing |                                  |             |          |                               |  |  |
|----------------|--|---------------------|-------------------------|------------------------|------------------------|----------------------------------|-------------|----------|-------------------------------|--|--|
|                | (Used in the case of employers submitting payment from the total contribution of the branch) |                     |                         |                        |                        |                                  |             | Sheet No | Sheet NoIn the number ofsheet |  |  |
|                |  | (1111               |                         | J ,                    |                        |                                  |             |          |                               |  |  |
| ame of est     | ablishment   |                     |                         |                        |                        |                                  | Account Num | per:     |                               |  |  |
|                |  |                     |                         |                        |                        |                                  |             |          |                               |  |  |
| 1              | 2  | 3                   | 4                       | 5                      | 6                      | 7                                |             |          |                               |  |  |
| No.            | Brunch   | Total wages         | Contribution<br>Insurer | Employer contributions | Total contributions    | Quantity Insurer<br>Contributing |             |          |                               |  |  |
|                |  |                     |                         |                        |                        |                                  |             |          |                               |  |  |
|                |  |                     |                         |                        |                        |                                  |             |          |                               |  |  |
|                |  |                     |                         |                        |                        |                                  |             |          |                               |  |  |
|                |  |                     |                         |                        |                        |                                  |             |          |                               |  |  |
|                |  |                     |                         |                        |                        |                                  |             |          |                               |  |  |
|                |  |                     |                         |                        |                        |                                  |             |          |                               |  |  |
| -              |  |                     |                         |                        |                        |                                  |             |          |                               |  |  |
| <del>-  </del> |  |                     |                         |                        |                        |                                  |             |          |                               |  |  |
|                |  |                     |                         |                        |                        |                                  |             |          |                               |  |  |
|                |  |                     |                         |                        |                        |                                  |             |          |                               |  |  |
|                |  |                     |                         |                        |                        |                                  |             |          |                               |  |  |
|                |  |                     |                         |                        |                        |                                  |             |          |                               |  |  |
|                |  |                     |                         |                        |                        |                                  |             |          |                               |  |  |
|                |  |                     |                         |                        |                        |                                  |             |          |                               |  |  |
|                |  |                     |                         |                        |                        |                                  |             |          |                               |  |  |
|                |  |                     | Signature.              | Employer               | ·                      |                                  |             |          |                               |  |  |
|                |  | Corporate<br>Signal | (                       |                        | )                      |                                  |             |          |                               |  |  |
|                |  | (If any)            | Position                |                        |                        |                                  |             |          |                               |  |  |