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|  | **แบบขอใช้บริการระบบ AMRAC** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | |  |  |  | | | | | | บุคคลธรรมดา | | | | |  |  | นิติบุคคล | | | | | | | | | |  |  |  |  |  |  | |  |  | | | | |  |  | | | |  |
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|  |  | |  | **ข้อมูลบุคคลธรรมดา/ข้อมูลนิติบุคคล** | | | | | | | | | | |  |  |  |  | |  |  |  |  |  |  | | |  |  |  |  |  |  | |  |  | | | | |  |  | | | |  |
|  |  | |  | คำนำหน้า | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
|  |  | |  | ชื่อบุคคลธรรมดา/นิติบุคคล: | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | |  |
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|  |  | |  | ประเภทธุรกิจ: | | | | | | | | | กลุ่มผู้ประกอบธุรกิจ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
|  |  | |  | หมายเลขทะเบียนนิติบุคคล : | | | | | | | | |  | | | | | | | | | | ออกโดย : | | | | | | |  | | | | | | | | | | | |  | | | |  |
|  |  | |  | ที่อยู่ : | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
|  |  | |  | โทรศัพท์: | | | | | | | | |  | | | | | | |  |  |  |  |  |  | | |  |  |  |  |  |  | |  |  | | | | |  |  | | | |  |
|  |  | |  |  | โทรสาร: | | | | | | | |  | | | E-mail: | | |  | | | | | | |  | | | |  |
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|  |  | |  | **ข้อมูลส่วนตัวของผู้รายงาน** | | | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  | | |  |  |  |  |  |  | |  |  | | | | |  |  | | | |  |
|  |  | |  | คำนำหน้า | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
|  |  | |  | ชื่อ-นามสกุล : | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
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|  |  | |  | วันเดือนปีเกิด: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | สัญชาติ: | | |  | | | | | |  | | | |  |
|  |  | |  | บัตรประจำตัวประชาชน: | | | | | | | | |  | | | | | | | | | |  |  |  | | |  |  |  |  |  |  | |  |  | | | | |  |  | | | |  |
|  |  | |  |  |  | ออกโดย : | | | | | |  | | | | | | | | | | |  | | | |  |
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|  |  | | วันที่ออกบัตร : | | | | | | | | | |  | | | | | | | | |  |  |  | วันหมดอายุ: | | | | | |  |  |  | |  |  | | | | |  |  | | | |  |
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|  |  | |  | โทรศัพท์ที่ทำงาน : | | | | | | | | |  | | | | | | | | |  |  |  |  | | |  |  |  |  | | | |  |
|  |  | |  |  | โทรศัพท์มือถือ : | | | | | | | |  | | | | | | | | | | |  | | | |  |
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|  |  | |  | โทรสาร: | | | | | | | | |  |  | | | | | | | |  |  | E-mail: | | | | | | |  | | | | | | | | | |  |  | | | |  |
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|  |  | **1. กรณีเป็นนิติบุคคล มอบหมาย ให้มีผู้กระทำการแทน** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | |  |  |  |  |
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|  |  | วันที่................./................../............................ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | ข้าพเจ้าบริษัท (ชื่อภาษาไทย).............................................................................................................................................................................................................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | ที่อยู่เลขที่............................. หมู่ที่.............. ตรอก/ซอย.....................................................................................ถนน................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | แขวง/ตำบล........................................... เขต/อำเภอ...................................................จังหวัด................................................... รหัสไปรษณีย์....................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | โดยนาย/นาง/นางสาว (1).............................................................................................................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | เป็นผู้มีอำนาจกระทำการแทนบริษัท ถือบัตรประชาชน/หนังสือเดินทางเลขที่ (1)…………………….................….………………………..….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | (2)....................................................................................................... (โปรดถ่ายสำเนา พร้อมลงลายมือชื่อรับรอง) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | ขอมอบหมายให้ นาย/นาง/นางสาว………………...…………………...............ถือบัตรประชาชนเลขที่……………………………………...……. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  | ตามสำเนาบัตรที่ได้ลงนามรับรองในสำเนาไว้แล้ว เป็นผู้ดำเนินการยื่นขอใช้บริการแทนข้าพเจ้า | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  | ประทับตราและลงชื่อ………………………………..………………………………..ผู้มอบหมาย / ผู้ขอใช้บริการ (…….……………….………….…………………………………) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  | | ลงชื่อ...................................................ผู้รับมอบหมาย | | | | | | | | | | | | | | | | | | | | | |  | ลงชื่อ...................................................พยาน | | | | | | | | | | | | | | | | |  |  |  |
|  |  |  | | (.............................................................) | | | | | | | | | | | | | | | | | | | | | | (.............................................................) | | | | | | | | | | | | | | | | |  |  |  |  |
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|  |  | **2. กรณีเป็นกรรมการผู้มีอำนาจ/เจ้าของกิจการ กระทำการเอง** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | ข้าพเจ้านาย/นาง/นางสาว (1)……………………………....…..……………………………… (2)………………..………………………………...…………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | ถือบัตรประชาชน/หนังสือเดินทางเลขที่ (1).…………………………..........….………….…. (2).………………………………….………….......... เป็นผู้มีอำนาจ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | ลงนามของบริษัท………….......………………............…….......……………………..………………..จำกัด ตามสำเนาเอกสารที่ได้ลงนามรับรองในสำเนาไว้แล้ว | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  |  | |  | | | | | | | | | | | | | | | ลงชื่อ...................................................ผู้ขอใช้บริการ/ตำแหน่ง....... | | | | | | | | | | | | | | | | | | | | |  | | |  |  |  |  |
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|  | **เอกสารในการสมัครขอเข้าใช้ระบบ Serial No. :………………………** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | **บุคคลธรรมดา (โปรดลงนามรับรองสำเนาถูกต้องทุกฉบับ)** \*เอกสารสแกนแล้วแนบไฟล์ในระบบ AMRAC ไม่ต้องส่งเอกสารมา ปปง. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | |  |
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|  |  | | |  | |  |  |  |  |  | | สำเนาบัตรประจำตัวประชาชน หรือเอกสารทางราชการที่มีรูปถ่ายของผู้สมัคร | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | | | | | |  |
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|  |  | | |  | |  |  |  |  |  | | สำเนาทะเบียนบ้าน | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | | | | | |  |
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|  |  | | | **นิติบุคคล (โปรดลงนามรับรองสำเนาถูกต้องทุกฉบับ)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | |  |
|  |  | | |  | |  |  |  |  |  | | สำเนาหนังสือรับรองการเป็นนิติบุคคล (อายุไม่เกิน 180 วัน) | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | | | | | |  |
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|  |  | | |  | |  |  |  |  |  | | สำเนาใบทะเบียนภาษีมูลค่าเพิ่มของบริษัท (ภ.พ.20)  ใบอนุญาต (ถ้ามี)  W,j | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | | | | | |  |
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|  |  | | |  | |  |  |  |  |  | | W,j | | | | | | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | |  |
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|  | **สถานที่ติดต่อ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  | | |  | |  |  |  |  | **ติดต่อ ส่วนกำกับและตรวจสอบ 2 กองกำกับและตรวจสอบ สำนักงานป้องกันและปราบปรามการฟอกเงิน** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |
|  |  | | |  | |  |  |  |  | **ที่อยู่ : เลขที่ 422 ถนนพญาไท แขวงวังใหม่ เขตปทุมวัน กรุงเทพ 10330** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | |  |
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|  |  | | |  | |  |  |  |  | **โทรศัพท์ : +66 2219 3600 หรือ 1710 ต่อ 5051, 5070** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | |  |
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|  |  | | |  | |  |  |  |  | **โทรสาร : +66 2219 3643** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | |  |
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|  |  | | |  | |  |  |  |  | **E-mail :** [**rab@amlo.go.th**](mailto:rab@amlo.go.th) | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | |  |
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