POWER OF ATTORNEY FOR EXERCISING DATA SUBJECT RIGHTS

UNDER THE PERSONAL DATA PROTECTION ACT (PDPA)

Duty Stamp

Executed at: .....

Date ..... Month ..... Year .....

By this Power of Attorney, I, **.....**, aged **.....** years,

ID Card/Passport number**.....**, residing at House No. **.....**.....,

Moo **.....**, Alley/Lane **.....**,Road **.....**, Subdistrict/Khwaeng **.....**

District/Khet **.....**, Province **.....**, Telephone No. **.....**

hereby appoint **.....**, aged **.....** years,

ID Card/Passport number**.....**, residing at House No. **.....**,

Moo **.....**, Alley/Lane **.....** Road **.....**, Subdistrict/Khwaeng **.....**

District/Khet **.....** ,Province **.....**, Telephone No. **.....**

as my Attorney-in-Fact and authorize him/her to act on my behalf in

☐ requesting access to or obtaining copies of personal data relating to me

☐ requesting disclosure of the source from which my personal data was obtained.

☐ requesting to withdraw my consent(s) as follows:.....

☐ requesting to correct the following personal data of mine:.....

☐ requesting to exercise other data subject rights relating to my personal data as follows

.....

For the purpose of this authorization, both I and the authorized representative have enclosed copies of our identification documents (either a national identification card or passport) together with this letter.

I hereby certify and confirm that any acts performed by the Attorney-in-Fact under this authorization shall be deemed as my own acts in all respects. As evidence thereof, the Grantor and the Attorney-in-Fact have hereunto affixed their signatures in the presence of witnesses.

Signature ..... Grantor Signature .....Attorney-in-Fact

(.....) (.....)

Signature ..... Witness Signature ..... Witness

(.....) (.....)