**Electronic Transactions Development Agency (Public Organization)**

 **Printout System Certification and Audit Request Form**

 Date…………………………………………………………

Name………………………………………………………………….. Position………………………………………………………………………………..

Name of Organization…………………………………………..………………………………………………………………………….

Head Office Address…………. Lane………………………… Village No……….……. Road……………….…………….. Sub-district………………………………… District……………….…………………. Province………….………………………….

Postal Code……….………………Telephone…………………………………….. Fax……………………………………………..

E-mail address……………………………………………………………………………………………………..……………………………

Hereby request an audit for printout system certification under the Notification of the Electronic Transactions Commission on Printout Certification B.E. 2555 for the business/service category of………………………………………………………………………………………. within the audit scope to be certified under the Notification of the Electronic Transactions Commission on Printout Certification B.E. 2555 and have attached the following supporting evidence and documents herewith for consideration.

1. Supporting documentation for printout system certification and audit request form.
2. Supporting evidence (as applicable).

(2.1) For state agencies:

 (2.1.1) Letter appointing authorized representative to act on behalf of juristic person;

 (2.1.2) Certificate of Establishment.

(2.2) For private organizations, submit a Certificate of Juristic Person that is not more

 than 6 months old.

 (2.3) Proof of authorization (if any).

* I have read, understand, and agree to comply with the Notification of the Electronic Transactions Development Agency (Public Organization) on Rules, Procedures, Conditions, and Fees for Printout System Certification and Notification of the Electronic Transactions Commission on Printout Certification B.E. 2555.
* I hereby certify that the information provided in this request is true.

 Signature ……………………………………………………… Audit Client

 (………………………………………………………)

 Authorized signatory or authorized person

 Organization request the audit (affix a corporate seal)

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| --- |
| For officer: Request No…………………… Received Date………………………. Received By…………………………. |