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

**Supporting Documentation for Printout System Certification and Audit Request Form**

☐ First-time submission: Date……………………………… ☐ Change of business location

☐ Certification area and scope expansion: Date……….………. ☐ Name change

☐ Certification renewal: Date……………………………... ☐ Other…………………………………..

1. Organization Information

Name of Organization (In English) ……………………………………………………………………………………………..

Name of Organization (In Thai) …………………………………………………………….…………………………………..

Total number of employees ……………………. persons

1.1 Head Office Address

No. ……………… Lane ………………………..……………..…… Village No. ……..…… Road ….……………………… Sub-district ……..………………….……… District …………………………..…… Province ………..…………….……… Postal Code …………………...….… Telephone ……………………..…………… Fax …………………………….……

☐ Same as 1.1 (Do not enter 1.2)

1.2 Establishment Address

No. ……………… Lane ………………………..……………..…… Village No. ……..…… Road ….……………………… Sub-district ……..………………….……… District …………………………..…… Province ………..…………….……… Postal Code …………………...….… Telephone ……………………..…………… Fax …………………………….……

2. Organization Profile

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

3. Name and position/authorized person responsible for the audit who can be conveniently reached

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

Telephone………………………… Fax……………………………. E-mail………………….…………………………..

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

Telephone………………………… Fax……………………………. E-mail………………….…………………………..

4. Assessment Purpose & Scope

4.1 Assessment Purpose

To request for a printout system certification under the Notification of the Electronic Transactions Commission on Printout Certification B.E. 2555.

4.2 Assessment Scope

Please state all the establishments, areas, and scope to be audited.

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

4.3 Organization Chart

4.4 Project Team Structure

5. Project Name/Description

5.1 Main Project Name……………………………………………………………………………………………………………

Description…………………………………………………………………………………………………………………………

Duration………………….………………………. Number of team members………………….. (persons)

5.2 Second Project Name (if any) ……………………………….…………………………………………………………

Description…………………………………………………………………………………………………………………………

Duration………………….………………………. Number of team members………………….. (persons)

6. Assessment Participants

6.1 Name…………………………………………………………………………………………………………………………………

Role & Responsibility………………………………………………………………………………………………………..

6.2 Name…………………………………………………………………………………………………………………………………

Role & Responsibility………………………………………………………………………………………………………..

6.3 Name…………………………………………………………………………………………………………………………………

Role & Responsibility………………………………………………………………………………………………………..

6.4 Name…………………………………………………………………………………………………………………………………

Role & Responsibility………………………………………………………………………………………………………..

6.5 Name…………………………………………………………………………………………………………………………………

Role & Responsibility………………………………………………………………………………………………………..

6.6 Name…………………………………………………………………………………………………………………………………

Role & Responsibility………………………………………………………………………………………………………..

6.7 Name…………………………………………………………………………………………………………………………………

Role & Responsibility………………………………………………………………………………………………………..

7. Map showing the location of the establishment to be audited.

**Supporting Documents**

☐ 1. Work procedure (if any).

☐ 2. Printout system certification and audit request form.

☐ 3. Supporting documentation for printout system certification and audit request form

☐ 4. For state agencies

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

(4.2) Certificate of Establishment.

☐ 5. For private organizations, submit a Certificate of Juristic Person that is not more

than 6 months old.

☐ 6. Copy of identity card or official identification card of the audit client.

☐ 7. Proof of authorization (if any).

☐ 8. Copy of identity card or official identification card of the authorized person (if any).

☐ 9. Map showing the location of the establishment to be audited.

**Application, Audit, and Certification Fees Payment**

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| --- | --- | --- |
| Select | Payment Method | Information |
| ☐ | Cash or check | Electronic Transactions Development Agency (Public Organization) |
| ☐ | Money transfer | Savings Account, Krung Thai Bank Public Company Limited, Central Plaza Grand Rama 9 Branch  Account Name: ETDA – Off Budget  Account No.: 982-8-40291-2 |