



TRANSFER REQUEST FORM

Date.....

I am (Mr./Mrs./Miss) Student Code.....
Studying in..... Program in..... Division.....,
received the Financial Support for Thesis/Dissertation from the Faculty of Associated Medical
Sciences, Chiang Mai University. I would like to request the Faculty by transferring the fund
into:

Siam Commercial Bank Public Co., Ltd. (SCB)

Name's account no.....

Branch..... Account No.....

If there is transfer fee, I am willing to deduct from the funds.

(Signature)..... Student

(.....)