



Faculty of Associated Medical Sciences

TRANSFER REQUEST FORM

Date.....

I am (Mr./Mrs./Miss).....
Student ID No..... Studying in Program in,
received the Financial Support for Publication Reward from the Faculty of Associated Medical
Sciences, Chiang Mai University. I would like to request the Financial Division by transferring
the fund into:

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

Branch..... Account No.
Name's account no.

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

(Signature)..... Student
(.....)

NOTE: A copy of the first page of bank account verifying true copy of the original is required