



Honorarium Form For External Examiner

Thesis Title:

Name of Student: Student ID No.:

Name of Advisor:

Name of External Examiner:

Affiliation:

For Thai Residents

I wish to receive the honorarium by transferring to my account.

Bank Account for transfer: please provide bank account information below.

Account Name:

Account Number:

Bank:

Branch:

For Non Thai Residents

I wish to receive the honorarium by transferring to my account.

Bank Account for transfer: please provide bank account information below.

Account Name:

Account Number:

Bank:

Branch:

SWIFT Code:

Bank Address:

Signature

(.....)

Date

Email

Tel Fax

Please fax/scan or email to: Academic Services and Registration Division
Sirindhorn International Institute of Technology, Thammasat University
PO Box 22, Klong Luang, Pathum Thani 12121, Thailand
Tel: +66 (0)2- 986- 9009 Ext. 1335
Fax: +66 (0)2-986-9009 Ext.1340
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