AGENT AGREEMENT FORM

[This Agreement is made between]

Company:

- ► Moharani Group Company Limited
- **►** Suha Travels Thailand
- **► Sura Health Care & Cosmetics**

Address: 171, Ambassador Hotel Sukhumvit Soi-11, Wattana, Bangkok-10110, Thailand, Tel: +66 967804347, E-mail: symon.nerapod@gmail.com, Web: https://suhatrip.com

And

Agent	: Name:
	Address:
Comp	pany Name (if applicable):
Mobil	e:Email:
<u>Tern</u>	ns and Conditions
1.	Appointment: The Company hereby appoints the above-named Agent as a commission agent to facilitate services on behalf of the Company.
2.	Commission: Upon completion of the services, the Agent shall be entitled to commission on the total invoice amount received.
3.	VAT Deduction: The Company shall deduct 7% VAT as per Thai government rules from the commission before payment.
4.	Payment: The net commission shall be transferred to the Agent's bank account within seven (7) working days after Receive Commission.
5.	Bank Account Details:
	Bank Name:Branch
	Accounts Name:
	Accounts Number:
	Routing Number:Swift code:

6. Duration: This Agreement is valid from the date of signing until terminated by

either party with written notice.

- 7. Confidentiality: The Agent agrees to maintain the confidentiality of all company information and client details.
- 8. Governing Law: This Agreement shall be governed by and construed in accordance with the laws of Thailand.

Agent Declaration:

I, the undersigned, hereby apply to act as a commission agent for the Company and agree to abide by the above terms and conditions.

Agent Signature	_
Name:	
Position:	
Date:	

Please select [✓] the Hospitals you would like to work with as an Agent.

Sl. No	Hospital Name	[~]
01	BUMRUNGRAD INTERNATIONAL HOSPITAL	
02	BANGKOK HOSPITAL	
03	MEDPARK HOSPITAL	
04	PHYATHAI HOSPITAL	
05	VEJTHANI HOSPITAL	
06	SAMITIVEJ INTERNATIONAL HOSPITAL	
07	INTRARAT HOSPITAL	

For and on behalf of **Moharani Group Company Ltd.**(Authorized Signatory & Seal)