

**INVOICE**

**Group Name:** Guarantee Agreement

**Period:** 7 October 2018 - 28 February 2019

**Contact Name:** Mr. Tech Sun

Senior Product Manager

**COMPANY NAME:**

**Samui Resort & Spa Ltd**  
**Anantara Bophut Koh Samui Resort**  
 99/9 Moo 1, T. Bophut, Koh Samui  
 Suratthani, 84320  
 Resort Phone: +66 (0) 77 428 300  
 Resort Fax: +66 (0) 7732 428 310

**Tax ID:** 0105546043112 Branch 00001

**CUSTOMER DETAILS:**

**CIT (Thailand) Co., Ltd.**  
**Company Type:** Parent Company  
 103, Onnut 17 Lane, Junction 9  
 Suan Luang Sub-district, Suan Luang District  
 Bangkok 10250

**Tax ID:** 0105559036233

Item	Description	QTY.	Price (Nett)	Amount (Nett)
-	Guarantee the allotment and guarantee agreement on 7 October 2018 - 28 February 2019		1,000,000.00	<b>1,000,000.00</b>
<b>Grand Total:</b>				<b>THB 1,000,000.00</b>
100% pre-payment is required by: <b>16-Oct-18</b>				<b>THB 1,000,000.00</b>
<b>Total Remaining Outstanding Balance :</b>				<b>THB 1,000,000.00</b>

*The above prices are inclusive of 17.7% service charge and applicable taxes.*

**Bank Details :** CITIBANK N.A

**Branch** 82 North Sathorn Road, Silom, Bangkok, Bangkok Thailand

**Account Name :** Samui Resort & Spa Limited

**Account Number :** 0-126332-009 / Current Account

**Bank Swift Code :** CITITHBX

Once remittance has been made, kindly send us a copy of bank transfer  
 or pay-in slip to us via e-mail attention Ms. Ms. Uea-Ingkun Sophavachirathavee  
 E-mail at ueaIngkun\_so@anantara.com or +66 (0) 77 428 310

**Note: Bank fee charges borne by sender.**

Payment via credit card, please provide the information below in the EXACT format as it appears on your credit card statement.

Please enclose copy of "front" and "back" of your credit card.

(Please check) ☐ SINGLE AUTHORISATION ☐ MULTIPLE TRANSACTIONS

*If you have marked **Single Authorisation**, this credit card authority form will be required to be submitted for each payment/transaction. If you circled **Multiple Transactions**, charges will be made to your nominated card for all payment/transaction unless requested or advised in writing otherwise.*

**Credit Card Type:** ☐ VISA ☐ MASTER ☐ JCB ☐ AMEX

**Credit Card Number:**

**\*CVC: Card Verification Code:**  \*CVC is generally a 3-digit code printed on the back next to signature panel of the card.

**Cardholder's name:**  **Date of Birth :**

**Expiry Date (MM/YY):**

**Payment detail:**

**Amount THB:**

I certify that all information is complete and accurate. I hereby authorized Anantara Bophut Koh Samui Resort, to collect payment for the above amount as indicated in the approved charges of this form by processing a charge to the credit card listed above.

**Cardholder's Signature:** \_\_\_\_\_  
**Date (DD/MM/YY):** \_\_\_\_\_