

Power of Attorney
for the Subscription of Newly Issued Ordinary Shares of
Finansia X Public Company Limited (the “Company”)

Affix
THB 30
Stamp Duty

Date _____

I/We ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Juristic Person _____

☐ ID Card Number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ or

☐ Alien ID Card ☐ Passport Number ☐ Juristic Number _____

Address according to the list of shareholders which appears in the share register book as of the date to determine the list of shareholders who are entitled to the allocation of the newly issued ordinary shares (Record Date) as of 29 July 2025 (the “RO”) Telephone No. _____
 Nationality _____

I / We own, according to the list of shareholders which appears in the share register book as of the date to determine the list of shareholders who are entitled to the allotment of the newly issued ordinary shares (Record Date) as of 29 July 2025 in the number of _____ shares, and have the rights to subscribe for _____ newly issued ordinary shares.

I / We hereby authorize ☐ Mr. ☐ Mrs. ☐ Ms. _____
 Nationality _____ Age _____ years ☐ ID Card Number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
 or ☐ Alien ID Card ☐ Passport Number ☐ Juristic Number _____

Address no. _____ Moo ban / Building _____

Soi _____ Road _____ Sub-district _____

District _____ Province _____ Postal Code _____

(the “**Attorney**”) to be the true and legal attorney to have full power and authority to do and perform all and every act in relation to subscription of newly issued ordinary shares of the Company in the RO (the “**Subscription**”) of _____ shares, including to sign, certify and amend information in the subscription form in relation to the Subscription, to make any payment for the Subscription, to provide information and sign, certify, amend and submit any



documents in relation to the Subscription, to communicate with the Company and its agents in relation to the Subscription, to agree to any terms and conditions in relation to the Subscription and perform any acts in relation to the Subscription on my/our behalf until subscription is done.

All activities and actions carried out by the Attorney within the scope of authority according to this Power of Attorney shall be regarded as if they were my / our activities / actions and shall be valid and binding upon me entirely.

Signed _____ Grantor
()

Signed _____ Attorney
()

Signed _____ Witness
()

Signed _____ Witness
()