RorPhor.5

**Notification Document of Change of Place of Business**

**Receiving License for Theater Business Operation**

Date: ............. Month: ...................... Year:..........

1. Whereas I receive License for Theater Business Operation

according License No. ............./............. issued on Date: ....... Month: .................. Year: .........., expired on Date: ....... Month: .................. Year: ...........,

by having the name of place of business in Thai language: ..........................................................,

name in foreign language (if any): ................................................................................................,

located at No. ....... Village No. ......., Lane/Alley: ......................., Road: ....................................,

Sub-district: ......................, District: ....................., Province: ...................., Postal Code: ..........,

Tel. ...................................., Fax. ..........................., Email: ...........................................................

1. I hereby notify change of the name of place of theater business, as follows:

❒ Name of Place of Business in Thai from .................................................................

 to ......................................................................

❒ Name of Place of Business in English from ............................................................

 to .................................................................

1. I have attached the documentations, namely:

❒ a copy of ID Card or a copy of Alien ID Card of the Licensee or of the person responsible for operation of juristic person, as the case may be;

❒ 2 half length photos, with straight face, no hat wearing, 4X6 centimeters taken for a period not less than 6 months of the applicant;

❒ a copy of Certificate of Commercial Registration (the place of business have already been changed);

❒ a copy of existing License or a copy of Substitute for License;

❒ other documents (if any): ..........................................................

 (Signature) Licensee