



Form 2 A

Application of student allowance receiving
Mahidol University

Written at :

Date:

I, (Mr./Mrs./Ms.)..... Age : years

Address :

State/Province :

Zip : Country : Telephone Number :

I have been informed and understood Mahidol University Notification Re: Rule of student allowance disbursement of Mahidol University B.E. 2559 (A.D. 2016) clearly, hereby I offer the application to president of Mahidol University as follows;

As (Mr. /Mrs. /Ms.).....

student of , Mahidol University who completely paid for health care service to Mahidol University in accordance with Mahidol University Notification above. He/She died on Date.....Month.....Year.....,

because of which not voluntary happened of the person who is entitled to receive the allowance according to the notification.

I am as, apply this application for student allowance receiving according to Mahidol University Notification Re: Rule of student allowance disbursement of Mahidol University B.E. 2559 (A.D. 2016) as the following list (check box with ✓ symbol) :

1. Applying for the allowance that I am entitled to receive as the heir according to law or the guardian.

1.1 Father, for Baht (.....)

1.2 Mother, for Baht (.....)

1.3 Spouse, for Baht (.....)

1.4 Child, for Baht (.....)

1.5 Guardian, for Baht (.....)

- 2. Applying as the legal representative of;
 - 2.1 , for Baht (.....)
 - 2.2 , for Baht (.....)

- 3. Applying as attorney from
 according to power of attorney dated following
 the attached for Baht (.....)

The allowance total Baht (.....)

I hereby certify that statements above in this application are true and complete. If it appears that I have no rights or power to receive the allowance amount Baht (.....) whether all or some part. Whether any reason, I agree to reimburse to university of the allowance that I have no rights or unauthorized to receive with interest of 15% per year from the date of the allowance receiving until the date of completion reimburse.

Signed Applicant
(.....)

Signed Witness
(.....)

Signed Witness
(.....)

- Note:**
1. This form shall only use for the case that student died, if in case student had ability loss of any physical fitness, the applicant shall use Form 1 A
 2. “Legal representative/Guardian” means father and, or mother legally of minor child, or the guardian who appointed by testament of dead father or mother, or the guardian ad litem.