



Tax stamps  
10 Baht

Form 3 A

### Reimbursement Certificate

Written at : .....

Date: .....

As (Mr. /Mrs. /Ms.)..... applied to receive the student allowance in accordance with Mahidol University Notification Re: Rule of student allowance disbursement of Mahidol University B.E. 2559 (A.D. 2016) which shown as Application of student allowance receiving, Mahidol University, date .....

I am (Mr. /Mrs. /Ms.) ..... Age : ..... years,  
ID Card No. (Identity card)/Passport number : ..... Occupation : .....  
Address : .....  
State/Province : .....  
Zip: ..... Country : ..... Telephone Number : .....  
My spouse's name : ..... Workplace : .....  
Telephone Number : ..... I have been infomed the statements of Application of student allowance receiving, Mahidol University aforesaid clearly, hereby I make the Reimbursement Certificate to Mahidol University as follows;

1. I hereby certify that ....., who has rights or power to receive the student allowance in accordance with Mahidol University Re: Rule of student allowance disbursement of Mahidol University B.E. 2557 (A.D. 2014), according to amount of money that enter into Application of student allowance receiving, Mahidol University, date .....

2. If it appears that ..... has no rights or power to receive the allowance according to amount of money that enter into Application of student allowance receiving, Mahidol University in accordance with Clause 1, whether all or some part and whether any reason, I agree to reimburse amount of money that ..... has received from Mahidol University without rights or unauthorized within the time specified. If I am in default on aforesaid amount of money, whether all or some part, I agree to reimburse with interest of 15% per year to Mahidol University for be in arrears until the date of completion reimburse.

I hereby acknowledge that I have read and understood the statements above, and in witness hereof, I sign my name;

Signed ..... Reimbursement Acceptor  
(.....)

Signed ..... Witness  
(.....)

Signed ..... Witness  
(.....)

I am ....., spouse of .....  
agree to ..... for making this Reimbursement Certificate.

Signed ..... Consenter  
(.....)

Signed ..... Witness  
(.....)

Signed ..... Witness  
(.....)

\* **Reimbursement Acceptor** shall be a government official level 4 or its equivalent, or and operational level or higher of university staff (filling the post with bachelor degree or higher).