

## Consent to the Disclosure of Personal Information

The Civil Aviation Authority of Thailand will contact National Intelligence Agency, Office of the Narcotics Control Board, and Immigration Bureau to verify applicant's qualification and personality pursuant to the Air Navigation Act B.E. 2497 and Official Information Act, B.E. 2550

### Part 1 Personal Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_  
 Date of Birth Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Race \_\_\_\_\_ Nationality \_\_\_\_\_  
 Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Status \_\_\_\_\_  
 Passport Number (For Foreigner) \_\_\_\_\_

#### Current Address

House No. / Room No. \_\_\_\_\_ Building \_\_\_\_\_ Street \_\_\_\_\_ Road \_\_\_\_\_  
 Sub-District \_\_\_\_\_ District \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

#### Contact Address

House No. / Room No. \_\_\_\_\_ Building \_\_\_\_\_ Street \_\_\_\_\_ Road \_\_\_\_\_  
 Sub-District \_\_\_\_\_ District \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_  
 Spouse's Name (if applicable) \_\_\_\_\_ Last Name \_\_\_\_\_  
 Former Last name \_\_\_\_\_ Race \_\_\_\_\_ Nationality \_\_\_\_\_  
 Religion \_\_\_\_\_ Occupation \_\_\_\_\_  
 Passport Number (For Foreigner) \_\_\_\_\_

### Part 2 Proof of Identity (Must be self-attested)

- ID card, Government Officer ID card, State Enterprise Personal ID card, or other Government Agency Official card with ID number
- House Registration
- Proof of name change (if applicable)
- Passport
- Additional document (if applicable)

I hereby give my consent to the disclosure of my personal information to Civil Aviation Authority of Thailand for the purpose of authority which has informed me to verify my identity with the above-mentioned authorize agencies. I certify that the information provided by me is true and correct.

Signature \_\_\_\_\_  
 ( \_\_\_\_\_ )  
 Applicant