Case	of	
Predi	cate offense	
Predic	Request for the return of or compensation from assets connected with a commission of an offense or damage compensation to damaged person in a predicate offense.	For official use Receipt no Date By (official name)
	nation	
1.	Damaged person refers to a person who was directly	
2	offense and was not involved in such commission of s Damage refers to damage to property, life, body, mo	
2.	directly affected by such commission of such offense	
	profit or any gain that the damaged person expects to	
	committed the predicate offense promised to return to	
	ing and suggestion	
	The request is completed upon all the fields are f submitted. So, the request to be submitted shall be fill documents involving those facts and other information the same time.	ed correctly and completely with all n specified in the request attached at
2.	Anyone who gives a statement to an official that is others or the public, shall be liable to an imprisonment not exceeding ten thousand baht, or both. (Section 137	of not exceeding 6 months, or a fine
3.	an offense or damage compensation are free of any ex	pense or fee.
4.	The Anti-Money Laundering Office (AMLO) will only given in this request. For your own benefit, please spe contactable correctly and completely . Any change in to AMLO.	cify all contact information that is
1. In	formation of Person Filing the Request	
	 Damaged person Natural person (fill in 1.1) 	
	□ Juristic person (fill in 1.2)	
	□ Representative of damaged person	(@11 · 1 1 1 1 2)

For damaged person who is natural person (fill in 1.1 and 1.3)
 For damaged person who is juristic person (fill in 1.2 and 1.3)

1.1 Information of damaged person who is natural person

I, Mr. / Miss / Mrs. / Rank	Name	Surnar	ne	
Personal Identification Number				
Alien Identification Number	Alien Identification Number Issued by			
Date of Issuance	Date of Issuance Date of Expiry			
Date of Birth A	.geRace	Nationality	Religion	
Marital Status \Box Single \Box M	Married (registered) \Box	Married (not registered	d) \Box Divorced	
□ Other (specify)				
Occupation	Position			
Name of Workplace				
Address (as in house registra	ation) No Mo	oVillage/Build	ing	
Unit No Floor Land	eStreet	Sub-distr	ict	
District	Province	Post	tal Code	
Tel. No	Fax N	o		
Contact Address □ same add	ress as in the house regi	stration \Box other (identi	fy) No Moo	
Village / Building	Unit No. F	loor Lane	Street	
Sub-district	District	Prov	vince	
Postal Code	Tel. No.	Fax No.		
Father's Name	Tel.	No		
Mother's Name	Tel.	No		
Name of close associate for	convenient contact			
Type of Relationship	Tel.	No.		
Preferred channel for cont	acting AMLO (Can b	e more than 1 channe	el)	
\Box Address as in the house reg	gistration \Box Contact add	dress □ E-mail address		
1.2 Information of damaged person who is juristic person				
Juristic person's name	Ju	ristic person registration	on No	
Date of registration	Issu	ed by		
Head office address No.	Moo Village	/Building		
Lane	Street	Sub-district		
District	Province	Posta	l Code	
Tel. No.	Fax No.	E-mail add	ress	

Representative of juristic per	son: Mr. / Miss /	Mrs. / Rank	Name	Surname	
Personal Identification Number					
Alien Identification Numb	Alien Identification Number Issued by				
Date of Issuance	Date of Issuance Date of Expiry				
Date of Birth	Date of Birth Race Nationality Religion				
				-	
Preferred channel for co	ntacting AML	LO (Can be more the	han 1 cha	nnel)	
☐ Head office address					
				Unit No Floor	
				District	
				Fax No.	
E-mail address					
1.3 Information of Rep	resentative				
-				Surname	
			-	port Number	
Date of Issuance		Date of Expiry			
Date of Birth Ag	e Race	e Nationali	ty	Religion	
Status of Requester (Pleas	e identify and	attached the eviden	ce as the a	uthorized person of each	
case)					
□ Legal Representative o	f Damaged Per	rson			
\Box Guardian of Damaged	Person				
□ Heir of Damaged Perso	m				
□ Administrator of Dama	ged Person's H	Ieritage			
\Box Parent, Descendant, or	Husband or W	ife of Damaged Per	rson who w	vas grievously injured and	
cannot act by oneself and cannot assign another person.					
□ Person Given Power of	Attorney from	n Damaged Person			
Contact Address No.	Moo	Village / Buildin	ng	Unit No.	
Floor Lane	Stı	reet	Sub	-district	
District	Province			Postal Code	
Tel. No.	Fax No.		E-mail a	address	
Preferred channel for co	ntacting AMI	LO (Can be more th	han 1 cha	nnel)	
□ Contact address □ E-mail address					

2. Summary of the incident and damage

- 2.1 I, the damage person, has proof(s) of damage and hereby attached to this request, that is/are
- □ A copy of court verdict granting the return or compensation from assets connected with a commission of the offense or compensation from the commission of a predicate offense, or
- □ A copy of a complaint to initiate a criminal proceeding for the predicate offense, or
- \Box A copy of a petition requesting compensation from the commission of the offense.

2.2 Summary of the incident and damage that affected you (clarification of fact relating to the commission of the offense that you were the damaged person, type of damage, and value of damage clearly and completely, with relevant evidence attached to the request).

Remark: If need more space, please fill the additional information in 2.2

2.3 Have you been compensated or remedied for the damage under 2.2? Please specify how and amount. (such as compensated by the person committed the offense, or from a government agency etc.)

 \Box Yes, details as follows.

□ No.

2.4 Have you requested any compensation or remedy for the damage under 2.1 under other laws? Please explain the status of the case. (such as petitioned was submitted to the Court, requested for remedy from a government agency etc.)

 \Box Yes, details as follows.

□ No.

2.5 Summary of type, item, and value of damage which the damaged person requires to compensate (please identify the detail).

□ Damage to asset	value of	baht
□ Damage to life	value of	baht
□ Damage to body	value of	baht
□ Damage to mental health	value of	baht
□ Damage to freedom	value of	baht
□ Damage to physical health	value of	baht
□ Damage to reputation	value of	baht
Total value of damage b	aht ()
The compensation has been received in amount of	baht ()
Net amount which the damaged person requires to b	e compensate ł	oaht
()	

3. Documents/evidence attached for consideration (copy of document must be certified for true copy)
for true copy)
3.1 Damaged person submitting by oneself
\Box A copy of court verdict granting the compensation (all court), 1 set, page(s)
\Box A copy of a complaint to initiate a criminal proceeding for the predicate offense of the police
station, 1 set, page(s)
\Box A copy of a petition requesting compensation from the commission of the offense, 1 set,
page(s)
\Box A copy of identification card, 1 set, page(s)
\Box A copy of house registration, 1 set, page(s)
\Box A copy of juristic person registration, 1 set, page(s)
\Box A transfer slip/ bank statement or other evidence showing the damage to asset, 1 set, page(s)
□ Medical expense receipt (original), 1 set, page(s)
□ Medical certificate (original), 1 set, page(s)
\Box A copy of wound examination document, 1 set, page(s)
□ Other related documents/evidences (please specify)
3.3 Representative submitting the request
\Box A copy of court verdict granting the compensation (all court), 1 set, page(s)
□ A copy of a complaint to initiate a criminal proceeding for the predicate offense of the police
station, 1 set, page(s)
\Box A copy of a petition requesting compensation from the commission of the offense, 1 set, page(s)
\Box A copy of identification card of the damaged person and person filing the request, 1 set, page(s)
\Box A copy of house registration of the damaged person and person filing the request, 1 set, page(s)
□ A copy of court order to appoint the person as authorized representative (administrator/guardian/etc.)
(identify), 1 set, page(s)
\Box A copy of marriage registration, 1 set, page(s)
\Box A transfer slip/ bank statement or other evidence showing the damage to asset, 1 set, page(s)
□ Medical expense receipt (original), 1 set, page(s)
□ Medical certificate (original), 1 set, page(s)
\Box A copy of wound examination document, 1 copy, page(s)
\Box A copy of autopsy report document, 1 copy, page(s)
\Box A copy of death certificate, 1 copy, page(s)
□ Other related documents/evidences (please specify)
Remark: In case of identification card and house registration, if submitted by the damaged person,
a copy can be made at AMLO.

4. Additional verbal statement or submission of documents/evidence

In case of change of fact after submission, or if requested by a competent official, I (the damaged person or the person submitting the request on behalf of the damaged person) will give additional verbal statement, account, document, or any other information to the Secretary-General of the Anti-Money Laundering Board (AMLO SG) or a competent official assigned in writing by AMLO SG, for examination or further consideration.

I certify that all the statements given in this request are true and correct. Should it occur afterward that I received property without a legitimate right, I will return the property that I received to AMLO or compensate the value of the property, as well as any other damage occurred to AMLO. For evidence of this act, I hereby signed.

(signature)		Person filing the request
()
Date	Month	Year

Continue to 2.2 page/