## **POWER OF ATTORNEY**

			At	
			Date	
•				
_		_		
	_			
Province	Telephone .			
hereby authorize				
By this letter, I/We				
Age Year National	ityson/	daughter of Mr./Mrs		
Address No	. Moo Kwaeng/Tambo	ol Kt	net/Amphoe	
Province	Telephone .			
to have the power of subsc	ribe for trust units of WHA I	ndustrial I easehold Re	eal Estate Investmen	t Trust on my behalf. What has
•				lves. As evidence, I hereby sign
or stamp fingerprint in the				,
		(Signed)	Gra	intor
		(	)	
		(Signed)	(	Grantee
		(	)	
		(Signed)	\	Vitness
		(	)	
		(Signed)	\	Vitness
		(	)	

The Power of Attorney herein is reserved for the subscribers who have completed the Know Your Customer & Customer Due Diligence: KYC/CDD process to the Lead Underwriter only. In the event that the subscribers do not make a subscription for trust units by itself, the subscribers can authorize the Custodian to proceed with subscription on its behalf at and branches of the Lead Underwriter and pay the subscription fee for trust units according to the specified payment method

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