

The Consent letter from the director nominee

Date

I hereby consent to be nominated for consideration as a director of Interhides Public Company Limited ("the Company") and I am certify that I has the suitable qualifications for appointment as director of the Company.

In this regard, I am hereby consent and certify that I am fully qualified and do not possess any prohibited characteristics under the criteria of the rules as required by the Capital Market and Supervisory Board's Notification Tor. Jor. 24/2552 Re: Prescription of Prohibited Characteristics of Issuing Company's Director and Executive dated 20 July B.E. 2552. I attached herewith the copies of identification card / copies of passport.

I would like to inform useful information for Board consideration as follows:

- (1) Name-Surname.....
- (2) Nationality.....
- (3) Date of Birth Age years
- (4) Address.....
.....
- (5) Position/current working company.....
- (6) Education

<u>Year</u>	<u>Institution</u>
.....
.....
- (7) Working Experiences (During the past 5 years)

<u>Year</u>	<u>Position/company/division</u>
.....
.....
.....
.....
.....
- (8) Current directorship / partnership position in other companies, limited partnerships, ordinary partnership.

Company/ Limited Partnership/ ordinary partnership.....

Please specify the type of committee/partnership

- | | |
|--|--|
| <input type="checkbox"/> Company Director | <input type="checkbox"/> Executive Committee |
| <input type="checkbox"/> Audit Committee | <input type="checkbox"/> managing partner/ unlimited liability partner |
| <input type="checkbox"/> limited liability partner | <input type="checkbox"/> Other (specify) |

Company/ Limited Partnership/ ordinary partnership.....

Please specify the type of committee/partnership

- | | |
|--|--|
| <input type="checkbox"/> Company Director | <input type="checkbox"/> Executive Committee |
| <input type="checkbox"/> Audit Committee | <input type="checkbox"/> managing partner/ unlimited liability partner |
| <input type="checkbox"/> limited liability partner | <input type="checkbox"/> Other (specify) |

Company/ Limited Partnership/ ordinary partnership.....

Please specify the type of committee/partnership

- Company Director
- Audit Committee
- limited liability partner
- Executive Committee
- managing partner/ unlimited liability partner
- Other (specify)

Company/ Limited Partnership/ ordinary partnership.....

Please specify the type of committee/partnership

- Company Director
- Audit Committee
- limited liability partner
- Executive Committee
- managing partner/ unlimited liability partner
- Other (specify)

- (9) Training experience from Thai Institute Directors of Thailand No
 Yes, course taken.....

- (10) Shareholding in Interhides Public Company Limited
(including spouse and Children who not yet become legal age)

No Yes shares

Spouse Name Number of shares owned

Children who not yet become legal age

1. Age years
 Number of shares owned

2. Age years
 Number of shares owned

3. Age years
 Number of shares owned

- (11) Additional information (if any)

I certify that the information provided above and the supporting documents submitted herewith are correct, completed and true in all respects. IN WITNESS WHEREOF, I therefore affixed my signature.

.....Candidate's signature
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