

Letter of consent of the person nominated for election as a director

Date

I agree to accept the nomination to be considered for election as a director of Salee Colour Public Company Limited (the “Company”) and I hereby certify that I am fully qualified for being a director of the Company.

In this regard, I agree that the Company may verify my qualifications regarding the presence or absence of prohibited characteristics as specified in the Notification of the Capital Market Supervisory Board No. Tor Jor. 24/2552 Re: Regulations Relating to Directors and Executives of Securities Issuing Companies dated 20 July 2009, whereby I have enclosed a copy of my ID card/copy of the passport together with this letter.

For the benefit of the Board of Directors’ consideration, I would like to inform the details of information as follows:

(1) Name – surname.....

(2) Nationality

(3) Date of birth Age years

(4) Contact address

(5) Current position	Place of work
.....
.....

(6) Educational qualification	
Year	Institution
.....
.....
.....
.....

(7) Work history (last 5 years) and/or key positions	
Year	Position / Company / Department
.....
.....
.....
.....
.....

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- (8) Holding a position of director/partner in company, limited partnership company, other juristic ordinary partnerships at present

Company / Limited Partnership / Juristic Ordinary Partnership

Please specify the type of director / partner

- | | |
|--|--|
| <input type="checkbox"/> Director | <input type="checkbox"/> Executive director |
| <input type="checkbox"/> Audit Committee | <input type="checkbox"/> Managing Partner / Partner with unlimited liability |
| <input type="checkbox"/> Limited liability partnership | <input type="checkbox"/> Others (specify) |

Company / Limited Partnership / Juristic Ordinary Partnership

Please specify the type of director / partner

- | | |
|--|--|
| <input type="checkbox"/> Director | <input type="checkbox"/> Executive director |
| <input type="checkbox"/> Audit Committee | <input type="checkbox"/> Managing Partner / Partner with unlimited liability |
| <input type="checkbox"/> Limited liability partnership | <input type="checkbox"/> Others (specify) |

Company / Limited Partnership / Juristic Ordinary Partnership

Please specify the type of director / partner

- | | |
|--|--|
| <input type="checkbox"/> Director | <input type="checkbox"/> Executive director |
| <input type="checkbox"/> Audit Committee | <input type="checkbox"/> Managing Partner / Partner with unlimited liability |
| <input type="checkbox"/> Limited liability partnership | <input type="checkbox"/> Others (specify) |

Company / Limited Partnership / Juristic Ordinary Partnership

Please specify the type of director / partner

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|--|--|
| <input type="checkbox"/> Director | <input type="checkbox"/> Executive director |
| <input type="checkbox"/> Audit Committee | <input type="checkbox"/> Managing Partner / Partner with unlimited liability |
| <input type="checkbox"/> Limited liability partnership | <input type="checkbox"/> Others (specify) |

Company / Limited Partnership / Juristic Ordinary Partnership

Please specify the type of director / partner

- | | |
|--|--|
| <input type="checkbox"/> Director | <input type="checkbox"/> Executive director |
| <input type="checkbox"/> Audit Committee | <input type="checkbox"/> Managing Partner / Partner with unlimited liability |
| <input type="checkbox"/> Limited liability partnership | <input type="checkbox"/> Others (specify) |

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(9) Training from the Thai Institute of Directors Association

No

Yes Course

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(10) Shareholding in Sansiri Public Company Limited (including shareholding by spouse and minor children)

No

Yes amount of shares

Spouse's name amount of shares

Name of a minor children

1. Age years

number of shares shares

2. Age years

number of shares shares

3. Age years

number of shares shares

(11) Additional information (if any)

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I certify that the details of my information as mentioned above, along with supporting documents attached to this letter, are correct, complete, and true in all respects. As proof of this, I have signed my name as follows:

Sign Nominated person.

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