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Power of attorney  
for the subscription of Convertible Bonds of  
DCON Products Public Company Limited (the "Company")

Date ..... Month ..... Year .....

I  Mr  Mrs  Miss  Juristic Person .....  National ID card or  
 Alien certification  Passport  Juristic Person registration No. ....

address according to the list of shareholders as shown in the shareholder register book on the Record Date for determining the list of shareholders entitled to receive the allotment of Convertible Bonds offered to existing shareholders in proportion to their shareholding (Right Offering) on January 9, 2025 (Record Date), Nationality ....., Phone number .....,

I have existing ordinary shares according to the list of shareholders whose names appear in the shareholder register on the record date for determining the list of shareholders entitled to receive the Convertible Bonds offered to existing shareholders in proportion to their shareholding (Right Offering) on January 9, 2025 (Record Date) in the amount of ..... shares,

have the right to subscribe for Convertible Bonds in the amount of ..... units and wish to grant power of attorney to

Mr  Mrs  Miss ..... Nationality ..... Age ..... years

National ID card ..... Address No. .... Village/Building .....

Alley ..... Road ..... Sub-district ..... District .....

Country ..... Postal code ..... ("Authorized Person") is my true and legal authorized person, with

the power to subscribe for the Convertible Bonds offered to existing shareholders in proportion to their shareholding (Right

Offering) ("Subscription") in the amount of ..... units, including the power to sign, certify and

amend the text in the subscription form relating to the subscription, to make any payment relating to the subscription, to provide

information and to sign, certify and amend any matters relating to the subscription, as well as to perform any actions relating to

the subscription on my behalf until completion.

Furthermore, any business and any actions that the authorized person has performed within the scope of the authorization under

this power of attorney shall be deemed as if performed by me personally and shall be binding on me in all respects.

Signed \_\_\_\_\_ Grantor

( )

Signed \_\_\_\_\_ Authorized Person

( )

Signed \_\_\_\_\_ Witness

( )

Signed \_\_\_\_\_ Witness

( )