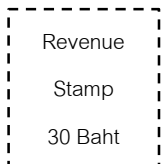


Power of Attorney

for the Subscription Convertible Debentures of  
DCON Products Public Company Limited ("the Company")



Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

I  Mr.  Mrs.  Miss  Juristic Person \_\_\_\_\_  identification card or  alien certification  passport  juristic person registration number \_\_\_\_\_ Address with the names of shareholders whose names appear in the share register book as of the date specifying the names of shareholders who have the right to subscribe for the convertible debentures in proportion to their shareholding (Record Date) at May 12, 2023 ("the offering of convertible debentures under Right Offering ") contact phone number \_\_\_\_\_ nationality \_\_\_\_\_

I have existing ordinary shares according to the names of shareholders whose names appear in the share register book as of the date determining the names of shareholders who have the right to subscribe for convertible debentures in proportion to their shareholding (Record Date) at May 12, 2023 amount \_\_\_\_\_ shares has the right to subscribe for convertible debentures \_\_\_\_\_ shares and wishes to authorize

Mr.  Mrs.  Miss \_\_\_\_\_ nationality \_\_\_\_\_ age \_\_\_\_\_ years identification number \_\_\_\_\_ address number \_\_\_\_\_ village/building \_\_\_\_\_ soi \_\_\_\_\_ road \_\_\_\_\_ sub- district \_\_\_\_\_ district \_\_\_\_\_ country \_\_\_\_\_ ZIP code \_\_\_\_\_ ("Attorney") to be my true and lawful attorney

by having the power to subscribe for convertible debentures of the Company in the amount of Right Offering ("Subscription") amount \_\_\_\_\_ shares, including the power to sign, certify, and amend the text in the subscription in relation to the subscription in any payment with respect to the subscription, the provision of information, and the signature, representation, amendment of any subscription as well as any actions related to the subscription on behalf of my authorized person until the completion.

Any business and any action that the attorney has done within the scope of the authorization under this power of attorney to be treated as if I had done it myself and to be binding on me at all.

sign \_\_\_\_\_ authorized person  
( \_\_\_\_\_ )

sign \_\_\_\_\_ authorized person  
( \_\_\_\_\_ )

sign \_\_\_\_\_ witness  
( \_\_\_\_\_ )

sign \_\_\_\_\_ witness  
( \_\_\_\_\_ )