

Affix THB 30 Stamp Duty

Power of Attorney

for the Subscription of Newly Issued Ordinary Shares of
The Brooker Group Public Company Limited (the "Company")

Date _____

I/We Mr. Mrs. Ms. Juristic Person _____ ID Card Number
or Alien ID Card Passport Number Juristic Number _____

Address according to a list of shareholders whose names appear on the shareholders register book on the date to record the names of shareholders who are entitled to subscribe for the newly issued ordinary shares in proportion to their respective (Record Date) as of May 6, 2021 (the "Rights Offering")

Telephone No. _____ Nationality _____ I/We own, according to a list of shareholders whose names appear on the shareholders register book on the date to record the names of shareholders who are entitled to subscribe for the newly issued ordinary shares in proportion to their respective (Record Date) as of May 6, 2021 in the number of _____ shares, and have the rights to subscribe for _____ newly issued ordinary shares. I/We hereby authorize

Mr. Mrs. Ms. _____ Nationality _____ Age _____ years ID Card Number _____ Address no. _____ Moo baan/ Building _____ Soi _____ Road _____ Sub-district _____ District _____ Province _____ Postal Code _____

(the "Attorney") to be the true and legal attorney to have full power and authority to do and perform all and every act in relation to subscription of newly issued ordinary shares of the Company in the Rights Offering (the "Subscription") of _____ shares, including to sign, certify and amend information in the subscription form in relation to the Subscription, to make any payment for the Subscription, to provide information and sign, certify, amend and submit any documents in relation to the Subscription, to communicate with the Company and its agents in relation to the Subscription, to agree to any terms and conditions in relation to the Subscription and perform any acts in relation to the Subscription on my/our behalf.

All actions authorized by this Power of Attorney may be taken by the Attorney as if they were my/our actions. Any and all acts done pursuant to this Power of Attorney shall therefore be regarded as if they were my/our actions and be valid and effectual.

Signed _____ Grantor
(_____)

Signed _____ Attorney
(_____)

Signed _____ Witness
(_____)

Signed _____ Witness
(_____)