

PHOTO TAKING FORM

DATE OF VISIT	:	_____
FULL NAME (according to ID Card)	:	_____
AGENCY	:	_____
PURPOSE OF VISIT	:	_____
HANDPHONE NUMBER	:	_____

I, as the photographer, the undersigned below, agree to comply with the Shooting Rules PT Indonesia Kendaraan Terminal Tbk. Number: HM.608/31/8/1/IKT-20

The Guide

The Photographer

- *attach a valid photocopy of ID Card
- *attach the photo taking order from the agency
- *provide the result of photo/video to PT IKT Tbk
