



1	First Name *:		
	Last Name*:		
	Position*:		
	Date of Birth* ----- _____		
	Sex tick one (✓)		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Religion tick one (✓):		
	<input type="checkbox"/> Islam <input type="checkbox"/> Christian <input type="checkbox"/> Catholic <input type="checkbox"/> Hindu		
	<input type="checkbox"/> Buddha <input type="checkbox"/> Confucius		
	Main E-mail *:		
	Alternative E-mail:		
	Main HandPhone Number *:		
	Alternative Handphone Numberf:		
	Telephone Number:		
	Fax NO :		
	Citizenship*:		
	<input type="checkbox"/> WNI <input type="checkbox"/> WNA		
	Identity No. (KTP/Passport/Kitas)*:		
	Validity Period of identity*:		
	Address:		
Province:		City	Post Code:
District:		Ward:	
2	First Name*:		
	Last Name*:		
	Position*:		
	Date Of Birth * ----- _____		
	Sex Tick One (✓):		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Religion Tick One (✓) :		
	<input type="checkbox"/> Islam <input type="checkbox"/> Christian <input type="checkbox"/> Catholic <input type="checkbox"/> Hindu		
	<input type="checkbox"/> Buddha <input type="checkbox"/> Confucius		
	Main E-mail*:		
	Alternative E-mail:		
	Main Handphone Number*:		
	Alternative Handphone Number:		
Telephone Number :			
Fax No:			

Citizenship*:		
<input type="checkbox"/> WNI <input type="checkbox"/> WNA		
Identity Number (KTP/Passport/Kitas)*:		
Identity Validity Period*:		
Address:		
Province:	City:	Postal Code:
District:	Ward:	

COMPANY MANAGER INFORMATION		
1	Operational Person In Charge	
Position*:		
<input type="checkbox"/> Operational Manager <input type="checkbox"/> Finance Manager <input type="checkbox"/> Operational PIC <input type="checkbox"/> Finance PIC		
Date Of Birth* ----- _____		
Religion Tick one (✓):		
<input type="checkbox"/> Islam <input type="checkbox"/> Christian <input type="checkbox"/> Catholic <input type="checkbox"/> Hindu <input type="checkbox"/> Buddha <input type="checkbox"/> Confucius		
Email *:		
Handphone Number *:		Telephone Number *:
Citizenship*:		
<input type="checkbox"/> WNI <input type="checkbox"/> WNA		
Identity Number (KTP/Passport/Kitas)*:		
Validity Period Of Identity* ----- _____		
Address:		
Province:	City:	Postal Code:
District:	Ward:	
2	Person in charge Name PPJK*:	
Position*:		
<input type="checkbox"/> Operational Manager <input type="checkbox"/> Finance Manager <input type="checkbox"/> Operational PIC <input type="checkbox"/> Finance PIC		
Date Of Birth * ----- _____		
Religion Tick One (✓):		
<input type="checkbox"/> Islam <input type="checkbox"/> Christian <input type="checkbox"/> Catholic <input type="checkbox"/> Hindu <input type="checkbox"/> Buddha <input type="checkbox"/> Confucious		
Email *:		
Handphone Number*:		Telephone Number*:

	Citizenship*:		
	<input type="checkbox"/> WNI	<input type="checkbox"/> WNA	
	Identity Number (KTP/Passport/Kitas)*:		
	Period Of identity Validity Period* - _____		
	Address:		
	Province:	City:	Postal Code:
District:	Ward:		
3	The Name of the person in charge name of the owner of the goods operations*:		
	Position*:		
	<input type="checkbox"/> Operational Manager	<input type="checkbox"/> Finance Manager	<input type="checkbox"/> Operational PIC <input type="checkbox"/> Finance PIC
	Date Of Birth* ----- _____		
	Religion tick one (✓) :		
	<input type="checkbox"/> Islam	<input type="checkbox"/> Christian	<input type="checkbox"/> Catholic <input type="checkbox"/> Hindu
	<input type="checkbox"/> Buddha	<input type="checkbox"/> Confucius	
	Email *:		
	Handphone Number*:	Telephone Number*:	
	Citizenship*:		
	<input type="checkbox"/> WNI	<input type="checkbox"/> WNA	
	Identity Number (KTP/Passport/Kitas)*:		
	Identity Validity Period* ----- _____		
	Address:		
	Province:	City:	Postal Code:
	District:	Ward:	
4	Operational Person In Charge PPJK*:		
	Position*:		
	<input type="checkbox"/> Operational Manager	<input type="checkbox"/> Finance Manager	<input type="checkbox"/> Operational PIC <input type="checkbox"/> Finance PIC
	Date Of Birth* ----- _____		
	Religion Tick one (✓)		
	<input type="checkbox"/> Islam	<input type="checkbox"/> Christian	<input type="checkbox"/> Catholic <input type="checkbox"/> Hindu
	<input type="checkbox"/> Buddha	<input type="checkbox"/> Kong Hu Cu / Confucius	
	Email *:		
	Handphone Number*:	Telephone Number*:	
	Citizenship*:		
	<input type="checkbox"/> WNI	<input type="checkbox"/> WNA	
	Identity Number (KTP/Passport/Kitas)*:		
	Identity Validity Period* ----- _____		

Address:		
Province:	City:	Postal Code:
District:	Ward:	

NO	BANK ACCOUNT INFORMATION
1	Service*: <input type="checkbox"/> Terminal <input type="checkbox"/> Miscellaneous Type of payment*: <input type="checkbox"/> UPER <input type="checkbox"/> CMS <input type="checkbox"/> Autocollection <input type="checkbox"/> SCF <input type="checkbox"/> Post Payment Account Number*: Bank Name*:
2	Service*: <input type="checkbox"/> Terminal <input type="checkbox"/> Miscellaneous Type Of Payment *: <input type="checkbox"/> UPER <input type="checkbox"/> CMS <input type="checkbox"/> Autocollection <input type="checkbox"/> SCF <input type="checkbox"/> Post Payment Account Number*: Bank Name*:
3	Service*: <input type="checkbox"/> Terminal <input type="checkbox"/> Miscellaneous Type Of Payment*: <input type="checkbox"/> UPER <input type="checkbox"/> CMS <input type="checkbox"/> Autocollection <input type="checkbox"/> SCF <input type="checkbox"/> Post Payment Account Number*: Bank Name*:
4	Service*: <input type="checkbox"/> Terminal <input type="checkbox"/> Miscellaneous Type Of Payment*: <input type="checkbox"/> UPER <input type="checkbox"/> CMS <input type="checkbox"/> Autocollection <input type="checkbox"/> SCF <input type="checkbox"/> Post Payment Account Number *: Bank Name*:

PERMISSION**
Business License Number *:
Business License Issuance Date * (dd-mm-yyyy format, example 02-25-2014)

Business License Issuance Date *
(dd-mm-yyyy format, example 02-25-2014)

ASSOCIATION MEMBERSHIP**

Asosiasiation Name:

Members of Number:

Date of issue
(hh-mm-yyyy format, example 02-25-2014)

Effective date
(dd-mm-yyyy format, example 02-25-2014)

ADDITIONAL DOCUMENTS

No.	Document Name	Available	Unavailable
WAJIB			
1	Photocopy NPWP	<input type="checkbox"/>	<input type="checkbox"/>
2	Photocopy Business License (for types of customers other than individuals)	<input type="checkbox"/>	<input type="checkbox"/>
3	Photocopy KTP (WNI) or Passport/Kitas (WNA) Company Manager (for types of customers other than individuals)	<input type="checkbox"/>	<input type="checkbox"/>
4	Photocopy KTP (WNI) or Passport/Kitas (WNA) Company Manager (for types of customers other than individuals)	<input type="checkbox"/>	<input type="checkbox"/>
5	Power of Attorney (If new/re-registration customers are represented by management (Forwarder/ PPJK/EMKL, etc.))	<input type="checkbox"/>	<input type="checkbox"/>
NOT REQUIRED			
6	Photocopy Company Establishment Deed (for types of customers other than individuals)	<input type="checkbox"/>	<input type="checkbox"/>
7	Photocopy Association Membership Letter (for types of customers other than individuals)	<input type="checkbox"/>	<input type="checkbox"/>

HEAD OF COMPANY 'S SIGNATURE

Hereby declare that the information we provide is true and we agree and are willing to be bound by all the terms and conditions in the general terms and conditions of other Service Subscriptions at IPCC as follows:

A. Customer Obligations.

1. Provide up-to-date information on all changes to the above data at the first opportunity.
2. Comply and comply with the applicable regulations within PT Indonesia Kendaraan Terminal Tbk;
3. Complete all obligations arising from the use of port services and/or port facilities of PT Indonesia Kendaraan Terminal Tbk;
4. The customer is responsible for compensation for damage to buildings and/or port facilities as well as pollution and/or environmental pollution caused by customer activities;

B. Customer Rights.

1. Obtain the required port service facilities from PT Indonesia Kendaraan Terminal Tbk in accordance with applicable regulations;
2. Obtain information related to the procedures and rules that apply in port service activities within PT Indonesia

Kendaraan Terminal Tbk;

3. Get a Customer ID number as proof that you have been registered both systemically and administratively at PT Indonesia Kendaraan Terminal Tbk.



Signature, stamp & Clear Name:	Date:
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