

## IPCC CUSTOMER REGISTRATION FORM

Instruction:

- For information that is marked with an asterisk (\*), it is mandatory to fill in

### GENERAL INFORMATION

Corporate Name\*:

*(filled in according to the deed of establishment, exclude "PT", "CV", etc.)*

Type of Company\* (tick one (✓)):

PT  CV  UD  Firm  Coop  BUT

Type of Registration\* (tick one (✓)):

Customer

Type of Customer/Partner\* (tick one (✓)):

Shipping Agent

Type of Service\* (tick one (✓)):

Terminal  Miscellaneous

Customer Group\* (tick one (✓)):

BUMN  Private  TNI/ POLRI  Personal/ Individual  Government Institution

Is your Company a subsidiary?\* (tick one (✓)):

Yes  Np

If "Yes" write down the name of Holding Company:

**(\*Holding Company information must be included by attaching the same form containing Holding Company information)**

Employee Total\* (tick one (✓)):

1-10  11-100  101-1000  >1000

Website :

Corporate Telephone No.:

Corporate E-mail:

Corporate Address\*:

Province\*:

City\*:

Post Code\*:

District \*:

Kelurahan/Desa\*:

Company Anniversary:

Date of Joining IPCC:

Company Established Date:

### NPWP INFORMATION

NPWP\*:

Name, according to NPWP\*:

Address, according to NPWP\*:

HEAD OF		
1	First Name*:	
	Last Name*:	
	Position*:	
	Date of Birth* ----- _____	
	Sex (tick one (✓)):	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Agama (beri tanda centang (✓) salah satu):	
	<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 No.*:	
	Alternative Handphone No.:	
	Telephone Number:	
	Fax No. :	
	Citizenship*:	
	<input type="checkbox"/> WNI <input type="checkbox"/> WNA	
	Identity Number (KTP/Passport/Kitas)*:	
	Identity Validity Period*:	
	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 No.*:	
Alternative Handphone No.:		
Telephone Number:		

Fax No. :		
Citizenship*: <input type="checkbox"/> WNI <input type="checkbox"/> WNA		
Identity Number (KTP/Passport/Kitas)*:		
Identity Validity Period*:		
Address:		
Province:	City:	Post Code:
District:	Ward:	

COMPANY MANAGER INFORMATION			
1	Position*: <input type="checkbox"/> Operational Manager <input type="checkbox"/> Finance Manager <input type="checkbox"/> Operational PIC <input type="checkbox"/> Finance PIC		
	First Name:		
	Last Name*:		
	Date of Birth* ----- _____		
	Religion ( <i>tick one (✓)</i> ): <input type="checkbox"/> Islam <input type="checkbox"/> Christian <input type="checkbox"/> Catholic <input type="checkbox"/> Hindu <input type="checkbox"/> Buddha <input type="checkbox"/> Confucius / Kong Hu Cu		
	Email *:		
	Handphone No.*:	Telephone No.*:	
	Citizenship*: <input type="checkbox"/> WNI <input type="checkbox"/> WNA		
	Identity Number (KTP/Passport/Kitas)*:		
	Identity Validity Period* ----- _____		
	Address:		
	Province:	City:	Post Code:
	District:	Ward:	
	2	Position*: <input type="checkbox"/> Operational Manager <input type="checkbox"/> Finance Manager <input type="checkbox"/> Operational PIC <input type="checkbox"/> Finance PIC	
First Name:			
Last Name*:			
Date of Period* ----- _____			
Religion ( <i>tick one (✓)</i> ): <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 No.*:		Telephone No.*:	
	Citizenship*: <input type="checkbox"/> WNI <input type="checkbox"/> WNA			
	Identity Number (KTP/Passport/Kitas)*:			
	Identity Validity Period* ----- _____			
	Address:			
	Province:	City:	Post Code:	
	District:	Ward:		
	3	Position*: <input type="checkbox"/> Operational Manager <input type="checkbox"/> Finance Manager <input type="checkbox"/> Operational PIC <input type="checkbox"/> Finance PIC		
First Name:				
Last Name*:				
Date of Birth* ----- _____				
Religion ( <i>tick one (✓)</i> ): <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 No.*:		Telephone No.*:		
Citizenship*: <input type="checkbox"/> WNI <input type="checkbox"/> WNA				
Identity Number (KTP/Passport/Kitas)*:				
Identity Validity Period* ----- _____				
Address:				
Province:		City:	Post Code:	
District:		Ward:		
4		Position*: <input type="checkbox"/> Operational Manager <input type="checkbox"/> Finance Manager <input type="checkbox"/> Operationa PIC <input type="checkbox"/> Finance PIC		
		First Name:		
	Last Name*:			
	Date of Birth* ----- _____			
	Religion ( <i>tick one (✓)</i> ): <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 No.*:		Telephone No.*:	

Citizenship*: <input type="checkbox"/> WNI <input type="checkbox"/> WNA		
Identity Number (KTP/Passport/Kitas)*:		
Identity Validity Period* ----- _____		
Address:		
Province:	City:	Post 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 Number*:
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
<b>SIADPEL No. *:</b>
Published Date of SIADPEL * ----- (format dd-mm-yyyy, example 25-02-2014)
Validity Date of SIADPEL * ----- (format dd-mm-yyyy, example 25-02-2014)
<b>SIUPAL No.*:</b>
Published Date of SIUPAL * ----- (format dd-mm-yyyy, example 25-02-2014)
Validity Date of SIUPAL * ----- (format dd-mm-yyyy, contoh 25-02-2014)
<b>SIOPSUS No.*:</b>
Published Date of SIOPSUS * ----- (format dd-mm-yyyy, example 25-02-2014)
Validity Date of SIOPSUS * ----- (format dd-mm-yyyy, example 25-02-2014)
<b>SKTD No.:</b>
Published Date of SKTD ----- (format dd-mm-yyyy, example 25-02-2014)
Validity Date of SKTD ----- (format dd-mm-yyyy, example 25-02-2014)

ASSOCIATION MEMBERSHIP
Association Name:
Membership Number:
Published Date ----- (format dd-mm-yyyy, example 25-02-2014)
Validity Date ----- (format dd-mm-yyyy, example 25-02-2014)

ADDITIONAL DOCUMENTS			
No.	Document Name	Available	Unavailable
<b>REQUIRED</b>			
1	New Customer Registration Application Letter to the Branch Commercial DGM or Subsidiary Customer Service Manager	<input type="checkbox"/>	<input type="checkbox"/>
2	Photo copy of NPWP	<input type="checkbox"/>	<input type="checkbox"/>
3	Photo copy of SIUPAL	<input type="checkbox"/>	<input type="checkbox"/>
4	Photo copy of SIADPEL	<input type="checkbox"/>	<input type="checkbox"/>
5	Photo copy of KTP (WNI) or Passport/Kitas (WNA) of the Head of Company	<input type="checkbox"/>	<input type="checkbox"/>
6	Photo copy of KTP (WNI) or Passport/Kitas (WNA) of Company Manager	<input type="checkbox"/>	<input type="checkbox"/>
7	Photo copy of Establishment Deed	<input type="checkbox"/>	<input type="checkbox"/>

NOT REQUIRED			
8	Photo copy of SIOPSUS	<input type="checkbox"/>	<input type="checkbox"/>
9	Photo copy of Company Domicile Certificate	<input type="checkbox"/>	<input type="checkbox"/>
10	Photo copy of Association Membership Letter	<input type="checkbox"/>	<input type="checkbox"/>
11	Photo copy of SKTD	<input type="checkbox"/>	<input type="checkbox"/>
12	Power of Attorney Auto Debit Bank Auto Collection	<input type="checkbox"/>	<input type="checkbox"/>
13	Cooperation Agreement Service User Data	<input type="checkbox"/>	<input type="checkbox"/>

HEAD OF COMPANY'S SIGNATURE	
<p>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:</p> <p>A. Customer Obligations.</p> <ol style="list-style-type: none"> <li>1. Provide up-to-date information on all changes to the data above at the first opportunity.</li> <li>2. Obey and comply with the applicable regulations within PT Indonesia Kendaraan Terminal Tbk;</li> <li>3. Complete all obligations arising from the use of port services and/or port facilities of PT Indonesia Kendaraan Terminal Tbk;</li> <li>4. The customer is responsible for indemnifying the damage to the building and/or port facilities as well as the occurrence of environmental pollution and/or contamination caused by the customer's activities;</li> </ol> <p>B. Customer Rights.</p> <ol style="list-style-type: none"> <li>1. Obtain the required port service facilities from PT Indonesia Kendaraan Terminal TBK in accordance with applicable regulations;</li> <li>2. Obtaining information related to procedures and rules that apply in port service activities within PT Indonesia Kendaraan Terminal Tbk;</li> <li>3. Get a Customer ID number as proof that you have been registered both systemically and administratively at PT Indonesia Kendaraan Terminal Tbk</li> </ol>	
Signature, Stamp, & Name:	Date: