



**HEAD OF THE COMPANY  
 INFORMATION\*\***

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	Hindu
	<input type="checkbox"/> Buddha	<input type="checkbox"/> Confucius		
	Main E-mail*:			
	Alternative Email:			
	Main Handphone No.*:			
	Alternative Handphone No.:			
	Telephone No.:			
	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	Hindu
	<input type="checkbox"/> Buddha	<input type="checkbox"/> Confucius		
	Main Email*:			
	Alternative Email:			
	Main Handphone No.*:			
	Alternative Handphone No.:			
Telephone No.:				

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:	

**INFORMASI PENGURUS PERUSAHAAN**

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 (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 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"/> Operationa Manager <input type="checkbox"/> Finance Manager <input type="checkbox"/> Operational PIC <input type="checkbox"/> Finance PIC
	First Name:
	Last Name*:
	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:
3	Position*: <input type="checkbox"/> Operational Manager <input type="checkbox"/> Finance Manager <input type="checkbox"/> Operational PIC <input type="checkbox"/> Finance PIC Keuangan	
	First Name :	
	Last Name *:	
	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	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 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:	
5	Position*: <input type="checkbox"/> Operational manager <input type="checkbox"/> Finance Manager <input type="checkbox"/> Operational PIC <input type="checkbox"/> Finance PIC Keuangan	
First Name :		
Last Name *:		
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:	

NO	BANK ACCOUNT INFORMATION
1	Service*: <input type="checkbox"/> Container <input type="checkbox"/> Non Container <input type="checkbox"/> Ship   Miscellaneous Type Of Payment *: <input type="checkbox"/> Cash <input type="checkbox"/> CMS <input type="checkbox"/> Autocollection Account Number*: Bank Name*:
2	Service*: <input type="checkbox"/> Container <input type="checkbox"/> Non Container <input type="checkbox"/> Ship   Miscellaneous Type of Payment*:



	Account Number*:
	Bank Name*:
3	Service*: <input type="checkbox"/> Container <input type="checkbox"/> Non Container <input type="checkbox"/> Ship    Miscellaneous
	Type Of Payment*: <input type="checkbox"/> Cash <input type="checkbox"/> CMS <input type="checkbox"/> Autocollection
	Account Number*:
	Bank Name*:
4	Service*: <input type="checkbox"/> Container <input type="checkbox"/> Non Container <input type="checkbox"/> Ship    Miscellaneous
	Type Of Payment*: <input type="checkbox"/> Cash <input type="checkbox"/> CMS <input type="checkbox"/> Autocollection
	Account Number*:
	Bank Name*:

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

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

**SUPPORTING DOCUMENTS**

No.	Document Name	Available	Unavailable
<b>REQUIRED</b>			
1	Photocopy of NPWP	<input type="checkbox"/>	<input type="checkbox"/>
2	Photocopy of Business License (for types of customers other than individuals)	<input type="checkbox"/>	<input type="checkbox"/>
3	Photocopy of KTP (WNI) or Passport/Kitas (WNA) of Head of the Company (for types of customers other than individuals)	<input type="checkbox"/>	<input type="checkbox"/>
4	Photocopy of KTP (WNI) or Passport/Kitas (WNA) of Company Manager	<input type="checkbox"/>	<input type="checkbox"/>
<b>NOT REQUIRED</b>			
5	Photocopy of Establishment Deed (for types of customers other than individuals)	<input type="checkbox"/>	<input type="checkbox"/>
6	Photocopy Association Membership Letter (for types of customers other than individuals)	<input type="checkbox"/>	<input type="checkbox"/>

**LEADER'S SIGNATURE**

A. 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 IPC as follows:

Customer Obligations.

1. Provide up-to-date information on all changes to the data above at the first opportunity.
2. Obey and comply with the applicable regulations within PT Pelabuhan Indonesia II (Persero);
3. Complete all obligations arising from the use of port services and/or port facilities of PT Pelabuhan Indonesia II (Persero);
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;

B. Customer Rights.

1. Obtain the required port service facilities from PT Pelabuhan Indonesia II (Persero) in accordance with applicable regulations;
2. Obtain information related to procedures and rules that apply in port service activities within PT Pelabuhan Indonesia II (Persero);
3. Obtain a Customer ID number as proof that it has been registered both systemically and administratively within the Port Branch of PT Pelabuhan Indonesia II (Persero).

Signature, stamp & Clear Name:

Date: