

IPCC CUSTOMER REGISTRATION FORM

Instruction:

1. For information that is marked with an asterisk (*), it is mandatory to fill in
2. For information that is marked with an asterisk (**), no need to be filled if the type of company is an individual

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

Registration Type* (*tick one (✓)*):

Customer

Customer/Partner* (*tick one (✓)*):

Logistic

Type of Service* (*tick one (✓)*):

Terminal Miscellaneous

Customer Group* (*tick one (✓)*):

BUMN Private TNI/ POLRI Personal/ Individual Government Agency

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

Yes No

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*:

Ward*:

Corporate Anniversary:

Date of Joining IPCC:

Company Established Date:

NPWP INFORMATION

NPWP*:

Name, according to NPWP*:

Address, according to NPWP*:

**THE HEAD OF COMPANY
INFORMATION**

1	First Name*:		
	Last Name*:		
	Position*:		
	Date of Birth* ----- _____		
	Sex (<i>tick one</i> (✓)):		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Religion (<i>beri tanda centang</i> (✓) <i>salah satu</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		
	Main E-mail*:		
	Alternative E-mail:		
	Main Handphone Number*:		
	Alternative Handphone Number:		
	Telephone Number:		
	Fax No. :		
	Citizenship*:		
	<input type="checkbox"/> WNI <input type="checkbox"/> W NA		
	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 (<i>tick one</i> (✓)):		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	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		
	Main E-mail*:		
	Alternative Email:		
	Main Handphone Number*:		
	Alternative Handphone Number:		
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:	

COMPANY MANAGER INFORMATION			
1	Position*: <input type="checkbox"/> Operational Manager <input type="checkbox"/> Finance Manager <input type="checkbox"/> Operatinal PIC <input type="checkbox"/> Finance PIC		
	First Name:		
	Last Name*:		
	Date of Birth* ----- _____		
	Religiom (<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:	
	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 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:
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"/> Operational PIC <input type="checkbox"/> Finance PIC	
	First Name:	
	Lat 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*: WNI WNA	

	Identity Number (KTP/Passport/Kitas)*:		
	Identity Validity Period* ----- _____		
	Address:		
	Province:	City:	Post 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		
	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 Number* ----- _____		
	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 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
	Nomor Rekening*:
	Nama Bank*:

PERMISSION

SIUJPT Number *:
Published Date of SIUJPT * ----- (format dd-mm-yyyy, example 25-02-2014)
Validity Date of SIUJPT * ----- (format dd-mm-yyyy, example 25-02-2014)

**ASSOCIATION
MEMBERSHIP**

Association Name:
Membership No.:
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
REQUIRED			
1	Photo copy of NPWP	<input type="checkbox"/>	<input type="checkbox"/>
2	Photo copy of SIUJPT	<input type="checkbox"/>	<input type="checkbox"/>
3	Photo copy of KTP (WNI) or Passport/Kitas (WNA) of the Head of the Company	<input type="checkbox"/>	<input type="checkbox"/>
4	Photo copy of KTP (WNI) atau Passport/Kitas (WNA) of the Company Manager	<input type="checkbox"/>	<input type="checkbox"/>
5	Photo copy of Establishment Deed	<input type="checkbox"/>	<input type="checkbox"/>

NOT REQUIRED

6	Photo copy of Association Membership Letter	<input type="checkbox"/>	<input type="checkbox"/>
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**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 data above at the first opportunity.
2. Obey 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 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 Indonesia Kendaraan Terminal TBK in accordance with applicable regulations;
2. Obtain information related to procedures and rules that apply in port service activities within PT Indonesia Kendaraan Terminal TBK;
3. Obtain a Customer ID number as proof of having been registered both systemically and administratively at PT Indonesia Kendaraan Terminal TBK.

Signature, Stamp, & Name:

Date: