



**ASSOCIATE-MEMBERSHIP APPLICATION FORM
FOR NON MULTI-FINANCE COMPANY**

We,

■ COMPANY NAME : _____

■ REPRESENTED BY : _____

■ TITLE : _____

■ ADDRESS : _____

Hereby, submit this application to be a member of the Asosiasi Perusahaan Pembiayaan Indonesia (Indonesian Financial Services Association) from...../...../..... (day/month/year).

Furthermore, we are willing to pay registration fee and membership dues as follows:

1. Registration fee : Rp 5.000.000,-
2. Membership Dues : Rp 27.600.000,- /year

Thank you for attention.

Jakarta, _____

Encl.

1. Fill-in Company Data Form

Please return the application form to:

Sekretariat APPI: Kota Kasablanka (Eightyeight@kasablanka) Tower A Lt. 7 Unit D , Jl. Casablanca Kav. 88

Jakarta Selatan 12870, INDONESIA

or Fax to: (62-21) 2982 0191 or Email: sekretariat@ifsa.or.id



ASOSIASI PERUSAHAAN PEMBIAYAAN INDONESIA (INDONESIAN FINANCIAL SERVICES ASSOCIATION)

COMPANY DATA

1. a. Name of Company (Full and Legal) : _____
b. Office Address : _____

 - c. Mailing Address : _____

 - d. Phone No. (s) : _____
 - e. Facsimile No. (s) : _____
 - f. E-mail : _____
 - g. Web-site : _____
2. Date of:
- a. Establishment (per first Article of Association of Company): _____
 - b. Operating (per first Operating License issued by MOF): _____
 - c. Joined Indonesian Financial Services Association: _____
3. a. Composition of Shareholders and their % of holding :
- | | |
|----------|--------|
| 1. _____ |% |
| 2. _____ |% |
| 3. _____ |% |
| 4. _____ |% |
- b. Authorized Capital : _____
- c. Paid-up Capital : _____
4. a. Board of Commissioners (Name & Title):
- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |
- b. Board of Managing Directors (Name & Title):
- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

5. Branch Location/s (Please attach as necessary): _____

6. Total Employee: _____

COMPANY LOGO

Softcopy of company logo must be emailed to sekretariat@ifsa.or.id ASAP

7. Person in Charge for APPI

Name : _____

Position: _____

Email : _____

Telp/fax no.: _____ / _____