

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

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.: _____ / _____