

## 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 26.000.000,-/year

Thank you for attention.

Jakarta, \_\_\_\_\_

Encl.

- 1.Fill-in Company Data Form
- 2.NPWP
- 3.Company Logo
- 4.Company Profile

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](mailto:sekretariat@ifsa.or.id) ASAP

7. Person in Charge for APPI

Name : \_\_\_\_\_

Position: \_\_\_\_\_

Email : \_\_\_\_\_

Telp/fax no.: \_\_\_\_\_ / \_\_\_\_\_