



SUBSCRIBER FORM

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This notice will become a tax invoice on receipt of your payment. Please keep for your records.

Company Name	:		NPWP	:	
Office Address	:				
	:		Postcode	:	
Mailing Address	:				
	:		Postcode	:	
Contact Name	:		Position	:	
Telephone	:		Mobile	:	

SUBSCRIPTION DETAILS:

E-mail/Contact	:		
	:		
	:		
Category/Sector	:		
	:		
	:		
Province/Region	:		

Start Date	:		End Date	:		Amount	:	
	:			:		PPN	:	0
	:			:		TOTAL	:	IDR

SERVICE AUTHORISATION:

Please provide a subscription to the services shown above.
I have read and accept the Conditions of Agreement below:

Name	:		Signature	:	
Position	:		Date	:	

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PAYMENT ADVISE:

Payee	:	PT Indotender	Payer	:	
Bank	:	BCA	Payment Type	:	☐ Transfer ☐ Direct Deposit
BSB	:	Panglima Polim Jakarta	Validation Code	:	
Account	:	5660305728	Date	:	(dd/mm/yy)

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