



INFORMASI PEMEGANG
/ INFORMATION ON BEARER

ALAMAT / ADDRESS

NO. TELP. / PHONE NO.

ALAMAT DI LUAR NEGERI /
OVERSEAS ADDRESS

DKH. MUIL RT. 02/03
: DS. SERANGGIAN KEC. SUREPONO
KAB. PONOROGO

PEMANGGANG AGAR MENCANTUMKAN IDENTITAS ORANG
YANG DAPAT DIHUBUNGI / THE BEARER SHOULD INSERT
BELOW PARTICULARS OF PERSON WHO MAYBE
CONTACTED :

NAMA / NAME

ALAMAT / ADDRESS

NO. TELP. / PHONE NO.

HUBUNGAN / RELATIONSHIP :

Tanda Tangan Pemegang
Signature of Bearer

[Handwritten Signature]
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Republik
Indonesia

1708017