



DAMAI INDAH GOLF
BSD COURSE - PIK COURSE

PT. DAMAI INDAH GOLF, Tbk.

REGISTRATION FORM
Sell/Lend-Out

To : PT. Damai Indah Golf, Tbk.
Fax : (021) 537 0288
Attn : The Executive Director

I, the undersign:

Full name : _____
Company Name : _____
Contact Person : _____
Company Address : _____
: _____
: _____
Phone : _____ Fax : _____
Cellular No./HP* : _____
E-mail : _____
Residential Address : _____
: _____
: _____
Phone : _____ Fax : _____

*Would like to sell/lend out the Share/PTM of PT. Damai Indah Golf Tbk. with the price of Rp.....
and agree to abide the policy & procedure at PT. Damai Indah Golf Tbk.*

_____, 20____

Propose by	Checked by	Approved by	Request by
Sales/Membership	Financial Controller	Executive Director	Seller/Lender

**required*