

PT. DAMAI INDAH GOLF, Tbk.

	REGISTRATI Sell/Len		
To : PT. Damai Indah Golf, Tbk. Fax : (021) 537 0288 Attn : The Director		Cert. No :	
I, the undersign:			
Full name	:		
Company Name	:		
Contact Person	:		
Company Address	:		
	:		
	:		
Telephone	:	Fax :	
Mobile No.*	:		
E-mail Address	:		
Residential Address	:		
	:		
	:		
Phone	:	Fax :	
	out the Share/PTM of PT. Damai Inc teting fee of 5% from the agreed rer olf Tbk.		
			, 20
Proposed by	Checked by	Approved by	Requested by
Sales/Membership	Financial Controller	Director	Seller/Lender

*required