



APPLICATION FORM

ANTWERPEN BELGIUM

01 OCTOBER 2020 - 31 JANUARY 2020

www.indonesianpopupstore.com

Company Name	:	Registration Number	:
Company Address	:	Telephone	:
City	:	Post code	:
Contact Person	: Mr/Mrs.	Mobile	:
Email address	:	Website	:

PRODUCTS / ARTICLES / FOOD AND BEVERAGES TO BE SOLD INCLUDING BRAND NAMES / AREA OF ORIGIN

Product category	:
Brand name	:
Area of origin	:
Product description	:

Terms of payment:

Upon reservation an invoice representing the total amount will be sent by the participant. Payment is due by 15 days from invoice date. 30% of the total amount for down payment need to be transfer on May 2019 and 70% of the total amount need to be transfer on August 2019. If the participant cancelling the program, there will be no refund from the downpayment.

Payment can be made to:

(Please mention your company name once you made the payment and send the copy of the bank transfer to us)

Bank name	:	Amount	: IDR 80,000,000 per 2 months
Address	:	Logistic	: IDR 8,000,000
Bank holder name	:	Period	<input type="checkbox"/> October 2019 - November 2019
Bank holder number	:		<input type="checkbox"/> December 2019 - January 2020
Total Amount	: IDR _____		

On behalf of _____ here by agree to join the **Indonesian Pop up store** program as mentioned above and agree to the terms and condition application applied during this program.

SIGNATURE

_____, _____ 2019

NAME :

JOB TITLE :

PARTICIPANT INFORMATION

Please fill out the information below to further access your market interest.

Industry sectors :

Number of employee :

Year established :

Annual Sales :

Extra information :

EXPORT QUESTIONS

- Does your company have export experience? YES / NO

If yes, current country destination:

- Has your company attained National Standard Certification ? YES / NO
- Do your products have an extra certification ? YES / NO
- Have your products ever been displayed in any exhibition? YES / NO

If yes, please specify: Domestic, _____

International, _____

- Do your products have marketing content ? YES / NO

If yes, please specify:

FOR MORE INFORMATION PLEASE CONTACT:

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IN COOPERATION WITH

