**Order for Directorate of Scientific Collection Management Cultures**

To :

Directorate of Scientific Collection Management

National Research and Innovation Agency

1. I here by acknowledge that I have read, understood and agree with all items of the latest version of Agreement of Material Transfer of Directorate of Scientific Collection Management

SIGNATURE: DATE:

(YOUR SIGNATURE IS REQUIRED FOR ACCEPTANCE OF YOUR ORDER)

2. Intended use:

Your purchase order number, if any

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPLICANT**  Name :  Organization :  Address :    Tel :  Fax :  E-mail : | | | **Billing address (if different from the one at left)**  Name :  Organization :  Address :    Tel :  Fax :  E-mail : | |
| **Payment Method :**  **Elsa Point**  **Simponi** | | | | |
|  | **No. Collection** | **Scientific name** | | **Amount** |
| **1.** |  |  | |  |
| **2.** |  |  | |  |
| **3.** |  |  | |  |
| **4.** |  |  | |  |
| **5.** |  |  | |  |
| **6.** |  |  | |  |
| **7.** |  |  | |  |
| **Total amount of cultures : . . . . . . . . . . . . . . . . . . . . . .** | | | | |
| Please contact our administration office: **Tim layanan (085925179883), e-mail : dit-pki@brin.go.id** | | | | |

\*Please type directly into the form.

The shipping address if different from the one given above:

NAME :

ORGANIZATION :

ADDRESS :