

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 _____

<p><u>APPLICANT</u></p> <p>Name : _____</p> <p>Organization : _____</p> <p>Address : _____</p> <p>Tel : _____</p> <p>Fax : _____</p> <p>E-mail : _____</p>	<p><u>Billing address (if different from the one at left)</u></p> <p>Name : _____</p> <p>Organization : _____</p> <p>Address : _____</p> <p>Tel : _____</p> <p>Fax : _____</p> <p>E-mail : _____</p>
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Payment Method : ☐ **Simponi** ☐ **Elsa Point**

	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 : _____
