**Request Form to Open Account in Indonesia JCM Registry**

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| **Nomination of account holder** | | |
| Name of entity: |  | |
| Address: | | |
| Postcode: | | |
| ID project number(s): |  | |
| Name of Representative | | |
| Last Name: | | First Name: |
| Signature: | | Date (dd/mm/yyyy): |

**\***Name of representative should be signed by the authorized signatory which are defined in your JCM Modalities of Communication

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| Contact person | Mr.  Ms. |
| Last name: | First Name: |
| Department: | |
| Title: | |
| Direct tel: | |
| E-mail: |  |

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| **Account Number (to be filled by Indonesia JCM Secretariat)** |
| **Status of request: Granted / Not Granted** |
| **Account number:** |