

FORM BERLANGGANAN

Nama Lengkap

No.Telephone/WA

Berlangganan

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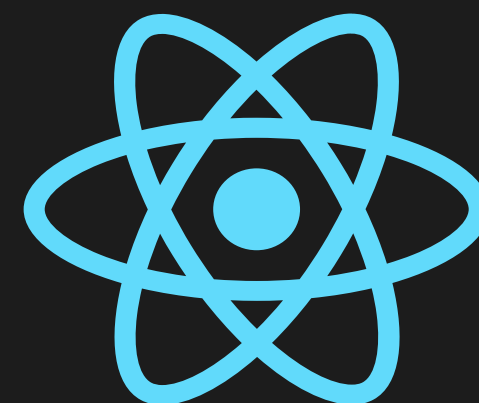
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