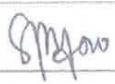
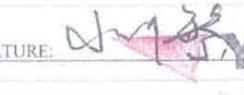


Application for Advance Payment/Attachments on Debit Note (AFAP)

* Approving Affiliates must indicate that they have received the form
(and perhaps include any questions or confirmation) to Issuing Affiliates within 10 days.

Control#
SAMI TF-I-23-251
Debit# (For Finance Dept. Only)

FOR ISSUING AFFILIATE USE ONLY

1. APPLY TO (SEND TO): NOTIFICATION OF COSTS INCURRED.		DATE SENT:	
(1) FIRST NAME (Block letter)	ARI	(2) LAST NAME (Block letter)	WIJAYANTI
(3) COMPANY	SAMI TF	(4) DEPARTMENT	GA
(5) DETAILS OF EXPENSE		CURRENCY	AMOUNT
Overseas Medical expenses settlement scheme package local OM-S Period : 15 Nov 2023 - 14 Nov 2024		IDR	25,600,000
TOTAL		IDR	25,600,000 ✓
(1) FIRST NAME (Block letter)	SUPRIYONO	(2) LAST NAME (Block letter)	
(3) COMPANY	PASI	(4) DEPARTMENT	GA
APPROVED BY: (5) SIGNATURE		  YAZAKI	
(6) AUTHORIZATION FROM SUPERVISOR Name : SHIGERU OGAWA		SIGNATURE: 	

3. Remarks column :

.....

FOR APPROVING AFFILIATE USE ONLY - MUST BE COMPLETED BY APPROVING DEPARTMENT

4. APPROVAL DATE RECEIVED:	The company of the signature must be burdened the cost.
ACCOUNTING INFORMATION	
(1) DESCRIPTION OF EXPENSES (経費内容)	APPROVED BY:
(2) GENERAL LEDGER NAME(勘定科目名)	(7) DATE
(3) GENERAL LEDGER NUMBER (勘定科目# & 細目#)	(8) SIGNATURE
(4) ESTABLISHMENT NAME (事業所&コード#)	(9) COMPANY
(5) APPROVING DEPARTMENT NAME AND CODE#(部門名&コード#)	(10) AUTHORIZATION FROM SUPERVISOR OF PAYMENT COMPANY
(6) CAR LINE(カーメーカー)	

