**FORMULIR – (KCMI-F-01)**

**APLIKASI COMPETENT PERSON**

**DATA PRIBADI**

Nama : ...................................................................................................................................

No. Anggota : ...................................................................................................................................

No. Identitas : ...................................................................................................................................

Instansi : ...................................................................................................................................

Alamat Kantor : ...................................................................................................................................

 ...................................................................................................................................

 Kota .................................................................................... Kode pos ....................

 Telp ............................................ Fax ................................................................

Alamat rumah : ...................................................................................................................................

 ...................................................................................................................................

 Kota .................................................................................... Kode pos ....................

 Telp ............................................ Fax ................................................................

Email : ...................................................................................................................................

Nomor HP : ...................................................................................................................................

**PILIHAN KATEGORI**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Kategori** | **Komoditi Keahlian** | **Pilihan (V)** |
| 1 | **PHE** (Pelaporan Hasil Eksplorasi) | Emas (Au) dmp |  |
| Batubara |  |
| Timah |  |
| Lainnya :  |  |
| 2 | **ESM**(Estimasi Sumberdaya Mineral) | Emas (Au) dmp |  |
| Tembaga (Cu) dmp |  |
| Lainnya :  |  |
| 3 | **ESB**(Estimasi Sumberdaya Batubaral) | Batubara |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 4 | **ECM** (Estimasi Cadangan Mineral) | Emas (Au) dmp |  |
| Timah |  |
| Lainnya :  |  |
| 5 | **ECB** (Estimasi Cadangan Batubara) |  |  |

**PERNYATAAN**

Dengan menandatangani aplikasi Competent Person PERHAPI dan melengkapi persyaratan pendaftarannya, saya menyatakan bersedia mengikuti peraturan dan persyaratan registrasi Competent Person PERHAPI dan bahwa semua data dan informasi yang saya berikan adalah benar dan dapat dipertanggungjawabkan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kota, tanggal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tandatangan dan Nama

 **Nomor Pendaftaran**

 (diisi oleh PERHAPI)

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