



FORM KLAIM DANA CADANGAN

Reserve Fund Claim Form

No. Doc. : F/RAD-O/037
Publish/Rev : 1/0
Effective Date : 27 Agustus 2025
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I. IDENTITAS PEMOHON

Reporter's Identity

-
1. Nama Pemohon *Applicant's Name* :
 2. Jabatan *Position* :
 3. Instansi/Organisasi *Institution/Organization* :
 4. Alamat *Address* :
 5. Email Aktif *Active Email* :
 6. Nomor Telepon *Phone Number* :
 7. Nomor Sertifikat (Jika Ada) *Certificate Number (If any)* :
 8. Jenis Sertifikasi *Type of Certificate* :
 - ISO 9001
 - ISO 14001
 - ISO 22301
 - ISO 45001
 - Lainnya / Other:

II. RINCIAN KLAIM

Claim Details

-
1. Jenis Risiko *Type of Risk* :
 - Keluhan Klien / Client Complaint
 - Pembatalan Audit / Audit Cancellation
 - Force Major / Force Majeure
 - Lainnya / Other:



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2. Kronologi Singkat :
Brief Description
3. Jumlah Dana Dimohon :
Amount Requested

III. LAMPIRAN

Attachment

Bukti Pendukung (surat invoice, laproran kejadian, dll)
Supporting Evidence (letters, invoices, incident reports, etc.)

Rekening Koran (jika perlu)
Bank Statement (if applicable)

IV. PERSETUJUAN

Applicant's statement

Departemen	Tanda Tangan	Keterangan
<i>Department</i>	<i>Signature</i>	<i>Explanation</i>

Finance Department

Top Management



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V. REALISASI PENCAIRAN

Disbursement Realization

Jumlah disetujui :
Approved Amount

Tanggal Pencairan :
Date of Disbursement