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| **A. HOW TO REPORT GRATIFICATION**  |
| 1. Gratification Report could be submitted to the media as the following :

a. Directors Level :PT Pelabuhan Indonesia III (Persero)Phone Nbr : 031-329 8631-37 (ext 3120)Mobile/WA Nbr : 0811 3484 333Fax Nbr : 031-328 2732Email : lapor.gratifikasi@pelindo.co.id b. For levels below Directors (Manager) :PT Terminal Petikemas SurabayaEmail :Tim.UPG@tps.co.id c. For levels below Manager (Assistant Manager, Superintendent, Staff) :PT Terminal Petikemas SurabayaEmail : Tim.CounterpartGCG@tps.co.id1. Gratification Report Form (FR-GCG-0801) could be printed out by downloading from TPS Website via the link [www.tps.co.id](http://www.tps.co.id) (under Tata Kelola (GCG) Folder) or contacting UPG Team (Corporate Secretary) to get the hardcopy.
2. Gratifikasi should be reported by the recipient the latest 30 working days starting from the date of receiving Gratification. Gratification should be reported by attaching the necessary supporting documents.
3. The Reporter should provide the necessary data and information in correct and complete manner.
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| **B. HOW TO FILL IN THE FORM** |
| 1. Fill in with the name of the personnel who gives the Gratification (individual/group/organization)
2. Fill in with the relationship between the recipient and the giver of Gratification, e.g. vendors / colleagues / subordinates / relatives / etc
3. Fill in with the purpose of giving, e.g. gratitude / rewards / traditions / etc
4. Fill in with the chronological order of receiving
5. Fill in with the mark “✓” in the required column and/or mention if there is any
6. Fill in with additional remarks, e.g. information request which is not forwarded to UPG Team, protection request, time and place to be contacted by UPG Team, and other matters to be reported to UPG Team
7. Fill in with identity and the mark “✓” in required columns
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| **C. DATA OF THE GIVER OF GRATIFICATION AND THE RECEIVED GOODS DESCRIPTION 1)**  |
| Name of Giver and/or Company/Vendor | : |  |
| Occupation and Position | : |  |
| Address | : |  |
| Phone/Fax/Email | : |  |
| Date of Receiving | : |  |
| Business Relationship (if there is any) between the Recipient and Company/Vendor 2) | : |  |
| Personal Relationship (if there is any) between the Recipient and Company/Vendor 2) | : |  |
| Good Description and Estimated Value/Price | : |  |
| Purpose of Giving 3) | : |  |
| Chronological Order of Giving 4) | : |  |
| Attached Supporting Documents 5) | : | 🞎 Available 🞎 N/A, mention .………………….............. …………………………… …………………………… |
| Additional Remarks (when necessary) 6) | : |  |
| Signature of Giver and/or Company/Vendor | : |  |

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| **D. DATA OF RECEIVER OF GRATIFICATION 7)** |
| Name of Receiver | : |  |
| Position | : |  |
| Department | : |  |
| Mobile Nbr | : |  |
| Date of Reporting | : |  |
| Signature of Receiver | : |  |

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| **E. RECOMMENDED ACTION (To be filled in by related Manager) 7)** |
| Name | : |  |
| Position  | : |  |
| Department | : |  |
| Date | : |  |
| 🞎 To be returned to the Giver | 🞎 To be shared with working colleagues | Signature of related Manager |
| 🞎 To be donated to : ……………………………………… ……………………………………... | 🞎 Other, mention : ……………………………………… ……………………………………… |
| Reasons : |

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| **F. RECOMMENDED ACTION (To be filled in by UPG Team) 7)** |
| Name | : |  |
| Position | : |  |
| Department | : |  |
| Date | : |  |
| 🞎 Agree with the above recommended action  | 🞎 Recommend others, mention : ……………………………………… ……………………………………… | Signature of UPG Team |
| Reasons : |

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| **G. FOLLOW UP ACTIONS** |
| Name | : |  |
| Position | : |  |
| Department | : |  |
| Date | : |  |
| Signature of Receiver | : |  |

I convey this Gratification Report truthfully. I am willing to submit the object of Gratification to UPG Team of PT Terminal Petikemas Surabaya for further analysis. If there is anything that I intentionally do not report or I report incorrectly, then I am willing to be legally responsible in accordance with the applicable laws and regulations. I am willing to provide further information.

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