

STATEMENT OF WILLINGNESS

Date:

To whom it may concern ;

The undersigned,

Name :

Date of Birth :

Passport Number :

Address :

Hereby to confirm I am willing to follow the Indonesian health protocol issued by the Indonesian Ministry of Health and are willing to be in quarantine upon arrival in Indonesia, if necessary.

Hereby to confirm I am willing to pay for my own medical expenses if affected by Covid-19 while in Indonesia.

Yours sincerely,

Signature: