

HEALTH DECLARATION FORM

(Prevention of COVID-19 Spread)

Name : _____

ID Number : _____

Address : _____

Telephone : _____

Company : _____

Please mark with ✓ on "YES" / "NO" column

No	Conditions	Yes	No
1	I have a cold/cough/fever (> 37,5 °C)/sore throat/shortness of breath or history of symptoms that are suspected as COVID-19		
2	Within the last 14 days I have a history of traveling to countries/regions that have been infected with COVID-19		
3	Within the last 14 days there is a family member/person under the same roof with me who has a history of traveling to countries/regions that have been infected with COVID-19		
4	I am included in the COVID-19 Supervisory List for having COVID-19 symptoms (ODP), or COVID-19 Patient under Surveillance (PDP), or suspected or proven positive patient for COVID-19		
5	Within the last 14 days I have interacted or conducted any physical contact with people who have a status of ODP, or PDP, or suspected or proven positive for COVID-19		

- This statement is made truthfully and with full responsibility for attending the Annual General Meeting of Shareholders and ExtraOrdinary General Meeting of Shareholders of PT Pabrik Kertas Tjiwi Kimia Tbk on August 25th, 2020 ("Meeting").
- I am willing to comply with the health and safety protocol defined by the organizer of the Meeting as long as I am in the area of the building where the Meeting takes place and in the Meeting venue among others:
 - Wearing a mask
 - Implementing physical distancing policy as directed
 - Leave the Meeting area as soon as Meeting concluded
- If there is one or more YES answers in the Conditions table as above, I am willing not to enter the area of the building where the Meeting takes place and the Meeting venue.

Jakarta, 25th August 2020

(_____)
Signature and Full Name