

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 Indah Kiat Pulp & Paper 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