STATEMENT LETTER

I the undersigned

Full Name	:	
Nationality	:	
Place and Date of Birth	:	
Passport No.	:	
Passport Expiration Date	:	
Sex	:	

hereby declare that:

- 1. I have obtained health certificate issued by health authority, stating fit to travel and free from COVID-19 disease and its related respiratory illness (eg. fever, cough, sore throat, shortness of breath, and runny nose);
- 2. I have not travelled to China, Iran, Italy, Vatican, Spain, France, Germany, Switzerland, South Korea and United Kingdom within 14 (fourteen) days prior entry to the Republic of Indonesia;
- 3. Fully consent and voluntarily to be quarantine for 14 (fourteen) days conducted by the Indonesian Authority whenever advised by the Indonesian Government.

This statement is made truthfully and to be used accordingly.

Place	Day/Month/Year
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Sigr	nature of Applicant