STATEMENT LETTER OF AN ABILITY TO PAY MEDICAL EXPENSES

I the undersigned,

Name :

Place and Date of Birth :

Citizenship :

Passport Number :

Sex :

Residency :

Phone Number :

Hereby declare that:

1. I am willingly to pay the medical expenses at my own expenses should I am contacted by Covid-19 while in Indonesia.
2. I am fully consent comply the provisions of the law Coronavirus Disease precautionary health protocol in Indonesia.

This statement is made truthfully and to be used accordingly.

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