

STATEMENT LETTER OF AN ABILITY TO COMPLY HEALTH PROTOCOLS

I the undersigned,

Name :
Place, Date of Birth :
Citizenship :
Passport Number :
Sex :
Residency :
Phone Number :

Hereby declare that

1. I am fully consent implementing and complying with the Coronavirus Disease precautionary health protocols in carryng out activities during Covid -19 pandemic in Indonesian territory.
2. I am willingly to be penalized accordingly to the provisions of law, in the event that it is proven violates the Coronavirus Disease precautionary health protocols.

This statement is made truthfully and to be used accordingly.

Name of City, dd / mm /2023

Signature

(Your Full Name)