

STATEMENT LETTER

I the undersigned,

Full name :
Gender :
Place and Date of Birth :
Nationality :
Passport Number :
Telephone number :
Address :

Hereby declare that

I commit to comply with Indonesia's COVID-19 health regulations during my stay in Indonesia and willingly pay the medical expenses at my own expense during quarantine or if I am infected by COVID-19 while in Indonesia.

This statement is made truthfully and is issued for any legal purpose it may serve.

Ho Chi Minh City,