



Health Declaration Form

Name :
Handphone :
ID Number :
Address :
Interest : Annual General Meeting of Shareholders PT Mitra Adiperkasa Tbk.,
27th August 2020

Please kindly tick (√) in the box:

1. Are you currently experiencing below symptoms, please fill below:

- Fever with temperature above 37.5 C
- Cough
- Shortness of Breath
- Headache
- Fatigue
- Diarrhea

2. Have you been traveling and/or transiting, domestic and/or overseas, within the last 14

- Yes No

3. Is there any family member/person under the same roof who has traveled, domestic or overseas, within the last 14 days?

- Yes No

4. Have you met or having close contact with patient under surveillance COVID-19 within the last 14 days?

- Yes No

5. Have you met or having close contact with patient positive confirmed COVID-19 within the last 14 days?

Yes

No

6. Do you agree to comply with the following safety and health protocols during your presence in within the building area where the Meeting is held and during the the Annual General Meeting of Shareholders of PT Mitra Adiperkasa Tbk (“Meeting”):

a) wear a mask

b) must implement physical distancing measure in accordance with direction from the Company and Building Management where the Meeting is held

c) must leave the building area where the Meeting is held immidiately after the Meeting is over

Yes

No

Note: If you are currently experiencing one of the symptoms stated in No. 1 and/or one of your answer is “yes” to the questions stated in No. 2 to No. 5, and/or your answer is ‘No’ to the question in No. 6, you are not permitted to enter the building area where the Meeting is held and the Meeting room.