**VISA APPLICATION STATEMENT LETTER FOR ALL FOREIGN CITIZENS**

I the undersigned,

Name :

Sex :

Place and date of birth :

Nationality :

Passport Number :

Expiry date :

Hereby declare that:

1. Do a mandatory self-isolation or undertake a medical treatment at an accommodation or a designated health facility by the Indonesian government at the traveler’s own expense when a PCR check upon arrival by the health authority at ports of entry results in a positive with the Covid-19 or with symptoms in accordance with the health protocol and provisions of law and regulations.
2. Be monitored during the quarantine or self-isolation in accordance with the health protocol and provisions of law and regulations.
3. I am in possession of health insurance/ travel insurance which covers all the medical expenses, and willingly pay the medical expenses at my own expenses should I am contacted by COVID 19 virus while in Indonesia

This statement is made truthfully and to be used accordingly.

Prague,

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