

VISITOR'S STATEMENT

In accordance with the Regulation of the Minister for Law and Human Rights of the Republic of Indonesia Number 26 of 2020 (Permenkumham 26/2020), I confirm that:

1. I have a valid health certificate in English issued by the local health authority.
2. I have a negative PCR test result issued within seven days prior to my arrival in Indonesia.
3. I am willing to enter into quarantine, either mandatory or voluntary, with regards to my health test result upon arrival in Indonesia.
4. I have a valid health insurance that guarantees coverage for all my medical expenses in Indonesia.
5. I am willing to pay for all the expenses that occur during my quarantine in Indonesia.
6. I am willing to be monitored by the relevant authorities in Indonesia during quarantine.

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|---------------------------------|--|
| Full name | |
| Nationality | |
| Passport Number | |
| Address in Indonesia | |
| Duration of stay in Indonesia | (number of) ____year(s) ____ month(s) ____days |
| Name of sponsor in Indonesia | |
| Address of sponsor in Indonesia | |

City _____ Date _____

Signature

Full name _____