

QUARANTINE STATEMENT

Full Name :
Place, date of birth :
Passport number :
Nationality :
Occupation :
Address :

Hereby I declare to enter quarantine and/or treatment at my own expense at a quarantine facility or health service facility designated by the government of Indonesia a minimum of 8x24h according to the health protocol and statutory provisions. Referring to the provisions of Ministry of Health Circular Number 8 year 2021 (SE08/addendum).

I declare that the statement I made above is true and accurate, and I hereby release JASA EKA LEGAL from any legal claim, suit, liability and/or losses arising from incorrectness or inaccuracy of my statement and/or any non-compliance with the Ministry of Health.

Date,



Signature
(Full name).