



HEALTH DECLARATION FORM
(Prevention of COVID-19 Spread)

Name : _____
ID Number : _____
Address : _____
Telephone : _____

Please kindly mark with ✓ on "YES" / "NO" column

No	Conditions	Yes	No
1	I have a cold/cough/fever (> 37°C)/sore throat/shortness of breath or other symptoms that are suspected as COVID-19		
2	Within the last 14 days I have a history of traveling to countries/regions that have been infected with COVID-19		
3	Within the last 14 days there is a family member/person under the same roof with me who has a history of traveling to countries/regions that have been infected with COVID-19		
4	I am included in the COVID-19 Supervisory List of Close Contact, Suspected, Probable, or proven Positive patient for COVID-19		
5	Within the last 14 days I have interacted or conducted any physical contact with a person with the status of Close Contact, Suspected, Probable or proven Positive patient for COVID-19		

- This statement is made truthfully and with full responsibility for attending the Annual General Meeting of Shareholders of PT MAP Boga Adiperkasa Tbk on August 18, 2021 ("Meeting").
- I have submitted the authentic result letter for Rapid Antigen Test with Non Reactive result or Swab PCR Test for COVID-19 with Negative result obtained from a doctor in a hospital, public health center (Puskesmas), or medical clinic with the sample taken at the maximum one day before the Meeting date.
- I am willing to comply with the health and safety protocol defined by the organizer of the Meeting during my stay in the area of the building where the Meeting takes place and in the Meeting venue, among others:
 - o Wearing a mask;
 - o Implementing physical distancing policy as directed;
 - o Leave the Meeting area as soon as the Meeting concludes.
- If there is one or more YES answers in the Conditions table as above, I am willing not to enter the area of the building where the Meeting takes place and the Meeting venue.

Jakarta, 18 August 2021

(_____)
Signature and Full Name