

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 three 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 have full vaccination with completed doses
6. I am willing to pay for all the expenses that occur during my quarantine 8 days in Indonesia.
7. I am willing to be monitored by the relevant authorities in Indonesia during quarantine.

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 _____