

Health Declaration Form

Name : _____

Handphone : _____

Identity's Number : _____

Address : _____

Please kindly tick (✓) in the box:

1. Are you currently experiencing below symptoms, please fill below:

- ☐ Headache
- ☐ Diarrhea
- ☐ Fatigue
- ☐ Cough
- ☐ Fever with temperature above 37.5 C
- ☐ Shortness of Breath

2. Have you been travelling and/or transitting, domestic and/or overseas, within the last 14 days?

- ☐ Yes ☐ No

3. Have you ever been hospitalized positive COVID-19 ?

- ☐ Yes ☐ No

4. Is there any family member/person under the same roof who has travelled, domestic or overseas, within last 14 days?

- ☐ Yes ☐ No

5. Have you met or having close contact with patient under surveillance COVID-19 within the last 14 days?

- ☐ Yes ☐ No

6. Have you met or having close contact with patient positive confirmed COVID-19 within the last 14 days?

- ☐ Yes ☐ No

7. Have you ever went to a hospital within the last 14 days ?

- ☐ Yes ☐ No

8. Do you agree to comply with the following safety and health protocols during your presence in within the building area where the Meeting is held and during the Annual General Meeting of Shareholders of PT Arthavest Tbk ("**Meeting**"):

- (a) Wear a mask
- (b) Must implement physical distancing measure in accordance with direction from the Company and Building Management where the Meeting is held

(c) *Must leave the building area where the Meeting is held immediately after the Meeting is over*

☐ Yes

☐ No

Note: If you are currently experiencing one of the symptoms stated in No. 1 and/or one of your answer is 'Yes' to the questions stated in No. 2 to No.7, and/or your answer is 'No' to the question in No.8, you are not permitted to enter the building area where the Meeting is held and the Meeting room.

This Declaration Form is made in truth as a requirement to attend the Annual General Meeting of Shareholders and Extraordinary General Meeting Shareholders of PT.Arthavest Tbk. And willing to accept legal consequences in accordance with statutory provisions if later proven to falsify the truth of historical statements recording to COVID-19.