

FINANCIAL STATEMENT LETTER

I the undersigned,

Name :
Gender :
Place and Date of Birth :
Nationality :
Passport Number :
Passport Expiration Date :

Hereby declare that

I am in possession of health insurance/travel insurance which covers all the medical expenses, and willingly pay the medical expenses at my own expenses during quarantine or if I am contacted by COVID-19 virus while in Indonesia.

This statement is made truthfully and is issued for any legal purpose it may serve.

(Signature)

(.....Name.....)