

**Health Declaration Form**  
**Annual General Meeting of Shareholders**  
**PT Logindo Samudramakmur Tbk**  
**August 13<sup>th</sup> 2020**  
**(the “Meetings”)**

---

Name :  
Cellphone No. :  
ID/Passport :  
Address :

---

Please fill in the statements below, by ticking (V) in the box:

1. In the 14 (fourteen) days prior to the date of the Meeting, have you ever traveled either domestically or abroad?

Yes

No

2. In the 14 (fourteen) days prior to the date of the Meeting, is there a family member or other person who lives in your home traveling either domestically or abroad?

Yes

No

3. In the 14 (fourteen) days prior to the date of the Meeting, have you met or been in direct contact with people who are positively infected with COVID-19, Patients Under Supervision or People Under Supervision?

Yes

No

4. Are you currently experiencing the following symptoms below:

a. Fever with temp. above 37,5°C

d. Dizziness

b. Shortness of Breath

e. Fatigue

c. Cough or Flu

f. Diarrhea

Jakarta, August 13<sup>th</sup>, 2020

  

---

**Notes:** The Company has the right to refuse the presence of shareholders / their proxies if the shareholders / their proxies fill in the Yes column in statements no.1, 2 or 3 or fill in one of the columns in statement no. 4.