

HEALTH DECLARATION FORM

Name :
 Position/ Company :
 Intention for : Annual General Meeting of Shareholders PT Bank Pembangunan Daerah Jawa Timur Tbk Fiscal Year 2019 - 24 April 2020 ("**Meeting**")

NO	ACTIVITIES	YES	NO
A	INJECTED POTENTION OUTSIDE THE HOUSE		
1	I travelled outside		
2	I used public transportation: online, city transport, bus, taxi, train		
3	I do not wear a mask when gathering with others		
4	I do shake hands with other people		
5	I do not clean my hands with hand sanitizer / wet tissue before handling the steering wheel of the car / motorcycle		
6	I touch objects / money that other people also touch		
7	I don't keep a distance of 1.5 meters from other people when: shopping, working, studying, worship		
8	I eat outside the house (stall / restaurant)		
9	I don't drink warm beverage & wash my hands with soap after arriving at my destination		
10	I was in the area where the patient was infected		
B	INJECTED POTENTION INSIDE THE HOUSE		
11	I did not put a hand sanitizer in front of the entrance, to clean my hands before holding the handle of the door to enter the house		
12	I didn't wash my hands with soap after I got home		
13	I do not provide: wet tissue / antiseptic, masks, antiseptic soap for families at home		
14	I did not immediately immerse my used clothes & pants outside the house in hot water / soap		
15	I didn't wash my hair immediately after I arrived home		
16	I do not socialize this personal risk assessment check list to my family at home		
C	BODY IMMUNITY		
17	I haven't been exposed to sunlight for at least 15 minutes a day		
18	I don't walk / exercise for at least 30 minutes every day		
19	I rarely take vitamins C & E and lack of sleep		
20	I am over 60 years old		
21	I have a disease: heart / diabetes / chronic respiratory disorders		
	TOTAL YES ANSWER		

Note: Mark the letter [X] according to your daily activities.

*) If there are one / more questions from the five questions above answered with "Yes", the Shareholders and/or their Attorney are kindly requested to leave the venue of the Meeting and not be allowed to attend the Meeting.

The Company will provide the Attorney for Shareholders who wish to provide their power of attorney to be able to vote at the Meeting.

Date:

Hand Signature: