

**HEALTH DECLARATION FORM**  
**ANNUAL GENERAL MEETING OF SHAREHOLDERS AND**  
**EXTRAORDINARY GENERAL MEETING OF SHAREHOLDERS (“Meetings”)**  
**PT INDOFOOD CBP SUKSES MAKMUR Tbk (the “Company”)**  
**(Referring to Attachment of Decision of Health Minister of The Republic of Indonesia**  
**No. HK.01.07/MENKES/382/2020)**

Name : .....

Mobile No. : .....

No. of Shares : .....

In the last 14 days (including 1 July until 15 July 2020) experienced any of the followings:

| NO | STATEMENTS  | YES | NO |
|----|---|-----|----|
| 1. | I have ever left the house or been in public places (grocery stores, health facilities, crowds, etc.)   |     |    |
| 2. | I have utilized public transportations  |     |    |
| 3. | I have travelled outside Jabodetabek area (domestic or international)   |     |    |
| 4. | I have participated in activities with a large number of people   |     |    |
| 5. | I have made a close contact with people who are categorized as person under monitoring (ODP), patients under surveillance (PDP) or confirmed positive COVID-19 (shaking hands, talking, being in one room or one house) |     |    |
| 6. | I have symptoms of fever ( $\geq 37.3^{\circ}\text{C}$ ), cough, runny nose, sore throat, and/or shortness of breath  |     |    |

The answers above were given truthfully and honestly without any pressure from the management, so that in regards to those answers, I am willing to follow the COVID-19 infection prevention and control health protocol carried by the Company and/or building management where the Meetings are held.

Jakarta, 15 July 2020

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