## LETTER OF UNDERTAKING AND INDEMNITY PERSON UNDER SURVEILLANCE

To:
Ministry of Health
(Representing the Government of Malaysia)
Kompleks E,
Blok E1, E3, E6, E7 & E10,
Pusat Pentadbiran Kerajaan Persekutuan
62590 Putrajaya

Name of Baroon Under Conveillance
[Name of Person Under Surveillance]
*NRIC Number :
*Passport Number:
addressed at
(hereinafter referred to as "Person Under Surveillance") verily undertake that I [an **my child / person under my care (as stated in <b>Annexure A</b> )] shall comply with the Observation and Surveillance of Coronavirus Disease 2019 (COVID-19) Contact Order made under Section 15(1) of the Prevention and Control of Infectious Disease Act 1988 [Act 342] (hereinafter referred to as "Observation and Surveillance Order and other directives issued and enforced by the Government of Malaysia from time time during my stay in the hotel assigned by the Government of Malaysia (hereinafter referred to as the "Hotel") commencing from

- 2. In this regard, I solemnly pledge and undertake that I shall pay:
  - (a) the accommodation charges at the rate as specified by the Hotel for Person Under Surveillance which shall include three (3) meals daily;
  - (b) any other expenses incurred by myself [and \*\*my child / person under my care] for the use of the Hotel's services such as additional meal ordered, laundry services and other services provided by the Hotel or any third party; and
  - (c) any damage to the Hotel's accommodation or Hotel's property which has been used or caused by me [and \*\*my child / person under my care].

- 3. I undertake to make full payment of the expenses regarding-
  - (a) paragraph 2(a) above, the total accommodation charges for the whole Observation and Surveillance Order as invoiced to me, directly to the Hotel in the manner as required by the Hotel upon checking in the Hotel; and
  - (b) paragraphs 2(b) and (c), in the manner as required by the Hotel upon checking out of the Hotel once obtaining the authorisation by the Government to leave the Hotel premises.
- 4. If I am unable to make the payments as stipulated in paragraph 3, my next of kin or representative including sponsor, as named in paragraph 8 below, has agreed to become my guarantor to make such payment on my behalf to the Hotel upon request by the Hotel.
- 5. I further acknowledge that:
  - (a) the Hotel is entitled to collect deposit fees from me for my stay at the Hotel during the Observation and Surveillance Period upon checking in at the Hotel; and
  - (b) I must at all times abide to the Government's instructions throughout the Observation and Surveillance Period.
- 6. I verily understand that the Hotel has the right to take legal action against me or my next of kin or representative including sponsor for my failure to make all accrued payments as stated in the above paragraphs and I shall be fully responsible for any claims and damages made by the Hotel against me.
- 7. I further undertake to indemnify and hold the Government of Malaysia, its employees and agents harmless from and against all actions, proceedings, losses, shortfalls, damages, compensation, costs (including legal costs), charges and expenses resulting from my [and \*\*my child / person under my care] actions, negligence or dishonesty to the Hotel during the Observation and Surveillance Period.
- 8. Should there be a need to contact my next of kin or representative including sponsor during the Observation and Surveillance Period, my next of kin or representative including sponsor details are as follow:

Name of next of kin / representative including sponsor:	
NRIC Number / Passport Number:	
H/Phone / Contact Number:	

Signed by:	
Name:	
Date:	
Witnessed by:	
On behalf of the Government of Malaysia:	***Name of representative:  NRIC Number:  Designation:  Date:
•	e/she must sign a separate Letter of Undertaking. Wife I to sign a separate Letter of Undertaking.
c.c.:	
The Management (Name and Hotel Address)****  Contact Number: Email Address:	
**** To be filled in after the PUS have u Malaysia's International Entry Point.	indergone health screening upon arrival at

## **ANNEXURE A**

## LIST OF CHILD/PERSON UNDER THE CARE OF PERSON UNDER SURVEILLANCE

NO.	NAME	NRIC NUMBER / MyKid / PASSPOR' NUMBER	