## LETTER OF UNDERTAKING AND INDEMNITY PERSON UNDER SURVEILLANCE (MALAYSIANS)

To:

Ministry of Tourism, Arts and Culture (Representing the Government of Malaysia) No. 2, Menara 1, Jalan P 5/6 Presint 5, 62200 Putrajaya

2. I acknowledge that throughout my stay during the Observation and Surveillance Period, the maximum rate for the accommodation charges payable to the Hotel shall be the sum of Ringgit Malaysia One Hundred and Fifty (RM150.00) only per day which shall include three (3) meals daily for which:

- I shall be responsible to pay the Hotel Owner / Owner / Party the maximum rate of Ringgit Malaysia Seventy-Five (RM75.00) only (inclusive of 10% Hotel's service rate) per day, which is equivalent to fifty per cent (50%) of the accommodation charges; and
- (b) the Government will pay the Hotel Owner / Owner / Party the maximum rate of Ringgit Malaysia Seventy Five (RM75.00) only (inclusive of 10% Hotel's service rate) per day, which is equivalent to remaining fifty percent (50%) of the accommodation charges.

3. I solemnly pledge and undertake that I shall to make full payment of the expenses regarding-

- (a) paragraph 2(a) above, the total accommodation charges up to fourteen
  (14) days as invoiced to me, directly to the Operator / Owner / Hotel in the manner as required by the Hotel upon checking in the Hotel;
- (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 in the manner as required by the Hotel upon checking out of the Hotel upon obtaining the authorisation by the Government to leave the Hotel premises; 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] in the manner as required by the Hotel upon checking out of the Hotel upon 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, as named in paragraph 8 below, has agreed 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 am required to abide by the Government's instructions during the Observation and Surveillance Period.

6. I verily understand that the Hotel has the right to take legal action against me 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 during the Observation and Surveillance Period, my next of kin or representative details are as follow:

Name of next of
kin/representative:
*NRIC Number / Passport Number:
Address:
H/Phone no. :

Signed by.....

Name:
NRIC Number:
Address:
H/Phone no. :
Date:

Winessed by:

On behalf of the Government	****Name of representative:	
of Malaysia:	NRIC Number:	
	Designation:	
	Date	

Note:

- \* insert NRIC Number for Malaysian.
- \*\* If a child is 18 years of age or older, he/she must sign a different Letter of Undertaking. Wife / husband and father / mother is required to sign a different Letter of Undertaking.
- \*\*\* need to insert Hotel's name
- \*\*\*\* insert name, NRIC Number and witness's position

c.c.:

The Management (Name and Hotel Address)**

\*\* To be filled in after the PUS undergo health screening upon arrival at the airport.

## ANNEXURE A

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

l,					
[Name of Person Under Surveillance]					
*NRIC Number					
addressed at					
(hereinafter referred to as "Person Under	Surveillance")	hereby	verify	that	the
person(s) named below is my child / person ur	nder my care.				

NO.	NAME	NRIC NUMBER / MYKid / PASSPORT NUMBER

Signed by.....

Name:
NRIC Number:
Address:
H/Phone no. :
Date: