

**LETTER OF UNDERTAKING AND INDEMNITY
PERSON UNDER SURVEILLANCE**

(NON-MALAYSIAN CITIZEN / PERMANENT RESIDENT / SELF-PAYING MALAYSIAN CITIZEN)

To:

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

I,.....

[Name of Person Under Surveillance]

***NRIC Number :**.....

***Passport Number :**.....

addressed at

(hereinafter referred to as "Person Under Surveillance") verily undertake that I [and **my child / person under my care (as stated in **Annexure A**)] shall comply with the Observation and Surveillance of Coronavirus Disease 2019 (COVID-19) Contacts Order made under Section 15(1) of the Prevention and Control of Infectious Diseases Act 1988 [Act 342] and other directives issued and enforced by the Government of Malaysia from time to time during my stay in the Hotel assigned by the Government for the period commencing from 2020 to2020 (hereinafter referred to as the "Observation and Surveillance Period").

2. In this regard, I solemnly pledge and undertake that I shall pay:
 - (a) the accommodation charges at the rate as specified by the Operator / Owner / 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 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; and
- (b) paragraphs 2(b) and (c), 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 / Passport Number:

Address:

H/Phone no. :

Date:

Witnessed by:

**On behalf of the Government
of Malaysia:**

****Name of representative:.....

NRIC Number:

Designation:

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)**

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