

| Passenger's Destination | n : |
|-------------------------|-----|
| Origin Station          | :   |
| Date                    | :   |

| JL. KEBON SIRIH NO. 44   |  |   |  |
|--|--|---|--|
| JAKARTA 10110 - INDONESIA<br>FORM OF INDEMNITY   | Date   | :   |  |
| * (a) IN RESPECT OF LOST TICKET/MISCELLANEOUS CHARGES ORDER  | i.   |   |  |
| Having lost or mislaid ticket/miscellaneous charges no   | nave requested and rece<br>a consideration there of I<br>original ticket/miscelland  | eive from the above named.  agree to pay to the said Company the full fare eous charges order shall be used here after or   |  |
| * (b) IN RESPECT OF REFUND ON A LOST TICKET>MISCELLANEOUS C  | HARGES ORDER   |   |  |
| Having lost or mislaid ticket/miscellaneous charges no   | nave requested and refu<br>ticket/miscellaneous ch<br>emand and liability wha<br>d amount has already be<br>will be used for transpo | nd of the passage-fare amounting arges order and consideration, there of I agree atsoever which may arise for the Company by sen refunded or will be refunded later, or if the ortation later on servence of the said Company |  |
| * (c) IN RESPECT OF MISSING OF IRREGULARITY IN DOCUMENTS REC   | QUIRED BY GOVERNMEN  | NT AUTHORITIES  |  |
| I hereby acknowledge that my attention has been drawn to the missin (fill in e.g. passport, visa, permit, health document), and to the possible traveling without the same being in order.  There is no sufficient time for me to have this put in order, but I never the same | ole consequences to mys  | self and the above named Company of my  |  |

(a) to bear any consequent loss, expense, delay or damage which may accrue to me;

(b) to indemnity the said Company, its Servants and Agent against all claims, demands, finess, expenses and liability whatsoever arising or incurres in consequence of my traveling.

| Name of passenger | : |                             |
|-------------------|---|-----------------------------|
| Nationality       | : |                             |
| Passport number   | : |                             |
| Permanent address | : |                             |
| Occupation        | : |                             |
| Company address   | : |                             |
| Arrived by on     | : | (Carrier, Flight no & Date) |
| Temporary address | : |                             |
| Witness           | : |                             |
| Nationality       | : |                             |
| Address           | : |                             |
| Identity          | : |                             |
| Occupation        | : |                             |
|                   |   |                             |

Signature of passenger:

Stamps if required by local law

## \* IMPORTANT

The sections (a), (b) and (c) above which are not applicable must be CROSSED OUT and INITIALLED by the passenger

## TO BE HANDED OVER TO PASSENGER

Date

Received from : Form indemnity in respect of \_\_\_\_\_

> Issuing Office Stamp

(TO BE PRESENTED IF REQUESTED)