Affidavit of Support

This is to certify that individuals listed below are accompanying me during my golf quarantine program in Thailand. These individuals of not exceed 3 persons in total are my assistants during the course of treatment. They will have to quarantine in accordance with the resolution of the Center for COVID-19 Situation Administration. And I will take full financial responsibility to their provisions and accommodations.

(Customer's details) Title: Mr. / Ms. / Mrs. / others .....

Name .....Passport NO. .....

Nationality.....Departure Country.....

1. List of entourages:

First Name/Last Name.....

Sex : ☐ Male ☐ Female Date of Birth ...../...../.....(dd/mm/yyyy)

Passport NO. .....Nationality..... Departure Country.....

Relationship.....

2. List of entourages:

First Name/Last Name.....

Sex : ☐ Male ☐ Female Date of Birth ...../...../.....(dd/mm/yyyy)

Passport NO. .....Nationality..... Departure Country.....

Country.....

Relationship.....

3. List of entourages:

First Name/Last Name.....

Sex : ☐ Male ☐ Female Date of Birth ...../...../.....(dd/mm/yyyy)

Passport NO. .....Nationality..... Departure Country.....

Relationship.....

Duration of Quarantine: ☐ 7 Days, (identify Vaccine's Name_____)

☐ 10 Days

☐ 14 Days

I and my entourages will arrive on (dd/mm/yyyy).....

By ☐ Land Checkpoint..... name.....

☐ Airline.....name.....Flight No..... at .....arriving time.....

I hereby certify that the persons listed above are under my financial responsibility during my golf quarantine program in Thailand

Signature ..... Date dd / mm / yyyy

Note : (1) This letter shall be valid for 15 days after the issuance.

(2) The form needed to be completed and submitted to elective golf course before you arrive. Please bring originals to process the immigration at custom control, Airport, Thailand.

(Golf Course Seal)