



SCREENING QUESTIONNAIRE COVID-19
Before attending the 2020 Annual General Meeting of Shareholders

Due to the outbreak of Coronavirus 2019 (COVID-19), PTTEP sets out this questionnaire as a preliminary screening measure. The Company kindly requests your cooperation to complete the following questions.

Name and Surname	
Mobile Phone Number	

1. Do you have any of the following symptoms in past 14 days? Please circle all that apply:

Yes / No	Fever/ Chills	Yes / No	Wet cough/ Dry cough
Yes / No	Shortness of Breath/ Tiredness/ Difficulty breathing	Yes / No	Sore throat
Yes / No	Body aches and muscle pains	Yes / No	Nasal congestion/ Runny nose

2. Do you have any existing condition which weakens your immune system?

Did you have close contact (shared living quarters, or provided care) or spent time within speaking distance (if infection control precautions were not used) with a person who does have, or is under investigation for COVID-19?		Yes / No
Did you go to the place where identified as below? If yes, please tick mark.		Yes / No
<input type="checkbox"/> restaurants (except takeout and restaurants serving food for hotel guests) <input type="checkbox"/> shopping malls (except supermarket zones, drugstores or zones selling necessary items and food shops) <input type="checkbox"/> markets and weekend markets (except sales of fresh and dried food and cooked meals for takeout, animal feed, drugstores and other necessary items) <input type="checkbox"/> beauty salons <input type="checkbox"/> tattoo service shops <input type="checkbox"/> skate and rollerblade venues or other similar services <input type="checkbox"/> amusement parks, bowling lanes <input type="checkbox"/> gaming and internet shops <input type="checkbox"/> golf courses or golf driving ranges <input type="checkbox"/> swimming pools or similar service venues <input type="checkbox"/> fighting cock venues	<input type="checkbox"/> Buddha amulet sales stalls <input type="checkbox"/> exhibition and convention centers <input type="checkbox"/> educational institutions at all levels including tuition schools <input type="checkbox"/> weight-control services and cosmetic clinics <input type="checkbox"/> health spas <input type="checkbox"/> animal spas <input type="checkbox"/> massage parlors <input type="checkbox"/> herbal treatment centers <input type="checkbox"/> cinemas, theatres <input type="checkbox"/> fitness center <input type="checkbox"/> entertainment places <input type="checkbox"/> boxing stadiums and boxing schools <input type="checkbox"/> sports stadiums <input type="checkbox"/> horse race tracks	

3. Please list names of the province (if you were in Thailand) or city and country (if you were not in Thailand) where you stayed during the past 14 days in the table below.

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Signature _____ **Date** _____