



SCREENING QUESTIONNAIRE COVID-19
Before attending the 2021 Annual General Shareholders' Meeting

Due to the outbreak of 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	Shortness of Breath/ Tiredness/ Difficulty breathing
Yes / No	Body aches and muscle pains
Yes / No	Wet cough/ Dry cough
Yes / No	Sore throat
Yes / No	Nasal congestion/ Runny nose

2. Did you have close contact with an infected patient / a person who provides care to the infected patient OR a person under investigation for COVID-19?

Yes / No

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 space below.

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Consent on Personal Data Collection, Usage, and Disclosure

I hereby acknowledge and provide consent to PTTEP to collect, use, and disclose my personal data including health information filled in this COVID-19 Health Screening Questionnaire in accordance with PTTEP Guidelines on Personal Data Processing for Shareholders Meeting as attached to the Invitation Letter for Shareholders' Meeting and as posted on PTTEP website www.pttep.com for the purpose of COVID-19 screening to align with the laws and regulations of concerned governmental units. I also acknowledge the data subject rights and contact information for the exercise of such rights as indicated in the mentioned Guidelines.

Signature _____ **Date** _____