



**SCREENING QUESTIONNAIRE COVID-19**  
**Before attending the 2022 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.

<b>Name and Surname</b>	
<b>Mobile Phone Number</b>	

**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
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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](http://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** \_\_\_\_\_

