

Exabytes Capital Group Sdn Bhd. (1140454-K) Exabytes Network Sdn Bhd. (576092-T) Exabytes Cloud Sdn Bhd. (956219-A) Exabytes Network (Singapore) Pte Ltd. (201014969M)

Exabytes Group of Companies

Exabytes Enterprise Sdn Bhd. (519669-U) E-Global Innovative Sdn Bhd. (876669-K) HT Internet Sdn Bhd. (1145244H) Cybersite Services Pte Ltd. (201212065M) PT. Exabytes Network Indonesia (09.03.1.63.109232) Usonyx Pte Ltd. (200207396D) Signetique IT Pte Ltd. (199704321N)

Grow Your Business Online

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EXABYTES DATA CENTER VISIT CONSENT FORM

DATA CENTER ADDRESS: Suntech @ Penang Cybercity, Lintang Mayang Pasir 3, Bayan Baru, 11950, Pulau Pinang, Malaysia.

CONSENT DETAIL

With the increasing number of Covid-19 continue to spike globally, the Government has decided to implement the Movement Control Order / Restricted Movement Order with effective from 18th March 2020 to address Covid-19 outbreak.

In order to ensure both safety of our customers and staff, we need you to submit your health declaration below:

a) No recent (14 days) traveling abroad record (yes / no)

b) No recent contact to COVID-19 suspects (yes / no)

c) Declare your (visitors) current health condition.

By referring to the Data Center Visitation form attached for name/personnel, please answer in the respective field promptly

VISITOR / PERSONNEL DETAIL (MAX 5 VISITORS)

NO	a) Travel Abroad		b) Recent Contact	c) Health Condition	Signature
	Yes/No	If Yes, which country?	Yes/No	Healthy / Flu / Cold	Each person signature needed
1					
2					
3					
4					
5					

ACKNOWLEDGEMENT

By signing this form, you confirm that all information provided in this form is complete, true and valid at the date of signing of this form. You will update Exabytes if there is any change of information provided in this Form. You agree that:

1. Exabytes will process your personal information in accordance with its privacy policy available on its website in https://support.exabytes.com.my/en/support/solutions/articles/14000110931-data-center-visitation-privacy-policy

2. Exabytes or its representative may contact you using the information provided in this form for marketing purposes.

PERSON IN-CHARGE

Employee Name: (AIMS) Visit ID: CASE ID: Date-In: Time-In:

