**Annex 4**

**Letter of Commitment on COVID-19 Vaccination**

Name: Gender:

Date of birth: Year Month Date

Passport No.:

Telephone: Email:

**Statement:**

1. I have received COVID-19 vaccination and the details are as follows:

Vaccine brand name:

Name of vaccination institution:

Address of vaccination institution(country, province/state, city, street, building number):

Contact information of vaccination institution(telephone, email):

Doses and date of vaccination(please select one and fill in the blanks):

□One dose

Date of vaccination: Year Month Date

□Two doses

Date of vaccination for first dose: Year Month Date

Date of vaccination for second dose: Year Month Date

1. I hereby declare that the attached vaccination certificate(vaccination card or other forms of certificate) is true and accurate.

I hereby declare that the information provided above is true, and I shall bear all legal responsibilities arising therefrom, including but not limited to restricted travel to China, punishment by law, or other consequences in the case of partial or false disclosures.

 Signature:

 Year Month Date