



DECLARATION OF INSURANCE

Name of applicant: _____

Date of Birth / ID number: _____

Passport number: _____

I hereby declare that I am aware that I must possess a travel insurance for medical purposes for all my trips within the Schengen area within the validity period of my visa. The minimum medical coverage must be the Rand equivalent of Euro 30.000,00.

Date:

Place: Embassy of Finland, Pretoria

Signature

ATTACHEMENT : copy of ID