



Embassy
of the Federal Republic of Germany
Pretoria

DECLARATION OF TRAVEL INSURANCE

Surname: _____

First name: _____

Date of Birth: _____

Place of birth: _____

Having been provided with the relevant information by the Embassy of the Federal Republic of Germany in Pretoria I hereby declare:

The enclosed travel health insurance policy (org.and copy) proof of the required travel health insurance coverage of the duration of my first stay in the Schengen Area, should I be granted the visa applied for on _____.

Furthermore, I declare that I have been informed that for every future stay in the Schengen area I am obliged to take out a Travel health insurance policy which fulfills the criteria listed below, and that I must always carry a copy or original of the travel health insurance with me when I am travelling.

Criteria of the Travel health Insurance:

- Minimum insurance coverage per person must be EUR 30,000
- The policy must be valid in all Schengen states
- The insurance company must have an office in Schengen State, Switzerland or Lichtenstein
- The policy must cover the cost of the possible repatriation in the event of illness, urgent medical treatment and/or emergency hospital treatment.

Note: in cases where the purpose of the stay is to undergo medical treatments, proof of ability to pay the cost of any treatment not covered by the above-mentioned insurance policy must be provided separately.

Signed at: _____ Signature: _____