



Consulate General  
of the Federal Republic of Germany  
Cape Town

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**Declaration**

**Medical Insurance Form**

I, the undersigned, (full name) .....

date of birth .....

hereby declare that I

will ensure that I will have a valid medical travel insurance for each next visit to the Schengen States, within the duration of the visa, and that this insurance will meet the following criteria:

- valid for all the Schengen States,
- valid during the actual period of stay in the Schengen States,
- minimum guaranteed coverage equivalent to € 30,000.00 in South African Rand,
- covering all expenditure for repatriation for medical reasons, urgent medical care and urgent hospital treatment.

I will carry proof of my medical travel insurance with me upon arrival in the Schengen States for the purpose of border control.

.....  
place, date

.....  
(applicant's signature)