

## MEDICAL INSURANCE FORM

I the undersigned, (full names)
date of birth:
holder of multiple entry visa no.
Will ensure to have a valid medical travel insurance for each next visit to the Schengen territory, within the duration of the visa, that meets the following criteria:
<ul> <li>valid in the whole Schengen territory;</li> <li>valid during the real period of stay in the Schengen territory;</li> <li>minimum coverage equivalent in South African Rand to Euro 30.000</li> <li>for covering expenditure for repatriation for medical reasons, urgent medical care and/or urgent hospital treatment.</li> </ul>
I will carry proof of the medical travel insurance with me for purpose of border check while entering the Schengen territory.
Date
Date:
Signature: