## Declaration on Travel and Health Insurance (Multiple Entry Visa Only)

Applicant's Name (as per passport)
Date and Place of Birth of the Applicant (as per passport)
Applicant's Passport Details (Number, Date and Place of Issue, Date of Expiry)
, and are
With regard to my visa application dated I herewith declare that
according to the Schengen regulations, I will be in possession of an adequate travel health insurance
valid for the complete duration of my stay(s) in the Schengen Territory.
Having been provided with the relevant information by the Polish Consulate in Pretoria, I hereby
declare.
"The enclosed travel health insurance policy is proof of the required travel health insurance cover for the duration of my first stay in the Schengen area, should I be granted the visa applied for.
Furthermore, I expressly declare that I have been informed that for every future stay in the
Schengen area I must take out a travel health insurance policy which fulfils the criteria listed below
and that I must always carry with me proof of insurance cover in the original for presentation on
request during any border controls.
I have been informed that a proof of travel medical insurance (insurance policy document) has to be carried along when travelling to the Schengen States.
Health Insurance Requirements:
☐ The validity of the Travel Health Insurance corresponds to or exceeds the duration of my intended
and to the Schengen Area
☐ Minimum insurance cover per person must be EUR 30,000
□ The policy must be valid in all Schengen states □ The insurance company must have an office in a Schengen state, Switzerland or in Liechtenstein □ The policy must expect the second of the policy must be possible to the policy mu
☐ The policy must cover the cost of possible repatriation in the event of illness, urgent medical
deathern and/or emergency nospital treatment.
Besides, I understand that I have to present a Travel Health Insurance according to the above
mentioned specifications for all subsequent visits to the Schengen Area."
Diaman and
Place & Date
Applicant's Signature

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