

Medical Insurance Form

The undersigned, (full names):	
Date of birth:	
Holder of multiple entry visa no:	
Hereby declares that he/she:	
	nedical travel insurance for each next visit to the Schengen visa, and that meets the following criteria:
 minimum coverage equivale 	of stay in the Schengen territory; nt in South Africa to € 30.000; repatriation for medical reasons, urgent medical care and/or
I will carry the proof of medical traventering the Schengen territory.	rel insurance with me for the purpose of border check while
Pretoria,	200
Signature	