

Declaration regarding medical travel insurance for subsequent visits
(for applicant/s in possession of a multiple entry visa for the Czech Republic)

I, (surname, first name) _____

Date of birth: _____

Holder of multiple entry visa: _____

hereby declare that, for every subsequent visit to the Czech Republic within the duration of the present visa, I will be in possession of medical travel insurance that meets the following criteria:

- It is valid for the Czech Republic.
- It is valid during the entire period that I will be in the Czech Republic.
- The cover is at least € 30,000.
- Cover includes repatriation for medical reasons, urgent medical care and/or emergency treatment in a hospital.

I will carry proof of this medical travel insurance with me, which can be presented to border control officers whenever I enter the Czech Republic.

(Place)

(Date)

(Signature)