

MEDICAL INSURANCE FORM

The undersigned, (full names).....

Date of birth:

Holder of multiple entry visa No.....

Hereby declares that I will ensure that I have a valid medical travel insurance for each next visit to the Schengen territory, within the duration of the visa, and that the insurance meets the following criteria:

- valid in the whole Schengen territory;
- valid during the period of stay in the Schengen territory;
- minimum coverage equivalent in South African rands to Euro 30,000,
- covering expenditure for repatriation for medical reasons, urgent medical care and/or urgent treatment in a hospital.

I will carry the proof of the medical travel insurance with me for purpose of border check while entering the Schengen territory.

Pretoria(date).....

Signature.....