



Liberté • Égalité • Fraternité  
RÉPUBLIQUE FRANÇAISE

CONSULAT GENERAL DE FRANCE A JOHANNESBURG

MEDICAL INSURANCE FORM

The undersigned (full names) : .....

Date of birth : .....

Holder of multiple entry visa Nr .....

Hereby declares that he/she .....

Will ensure that he/she has a valid medical travel insurance for each next visit to the Schengen territory, within the duration of the visa, and that meets the following criteria :

- valid in the whole Schengen territory
- valid during the real period of stay in the Schengen territory
- minimum coverage equivalent in South African Rand to 30 000 Euros
- for 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.

Johannesburg, the .....

Signature