

DECLARATION OF TRAVEL INSURANCE

Surname _____

First name _____

Date of Birth _____

Place of Birth _____

Having been provided with the relevant information by the Embassy of the Federal Republic of Germany in Pretoria, I hereby declare:

The enclosed travel health insurance policy (org. and copy) is proof of the required travel health insurance coverage of the duration of my first stay in the Schengen area, should I be granted with the visa applied for on _____

Furthermore, I declare that I have been informed that for every future stay in the Schengen area, I am obliged to take out a travel health insurance policy which fulfills the criteria listed below, and that I must always carry a copy or original of the travel health insurance with me when I am travelling.

Criteria of the travel health insurance:

- Minimum insurance coverage per person must be Euro 30,000
- The policy must be valid in all Schengen States
- The insurance company must have an office in a Schengen State, Switzerland or Lichtenstein
- The policy must cover the cost of the possible repatriation in the event of illness, urgent medical treatment and/or hospital treatment.

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

Signed at _____ on (date) _____

Signature