

Family Name: _____

First Name: _____

Date of Birth: _____

Place of Birth: _____

Declaration

With regard to my visa application dated _____ I herewith declare that according to the Schengen regulations (CCI), I will be in possession of an adequate travel health insurance valid for the complete duration of my stay(s) in Schengen-Territory.

Furthermore, I understand that for any stay in Schengen-Territory I must be prepared to present the relevant travel health insurance certificate to the Schengen immigration authorities within the validity of the visa.

Health insurance requirements:

- Minimum insurance coverage: 30.000,- € per person
- Claims against the insurance company must be recoverable in Schengen, Switzerland or Liechtenstein
- Coverage of all expenses which might arise in connection with repatriation for medical reasons, urgent medical attention and/or emergency hospital treatment.

New Delhi, _____

Signature

90 DAYS AND ABOVE

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