



Medical Insurance Form

Surname (Family name):

First name(s):

Date of birth:

I hereby declare that I have 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 effective period of stay in the Schengen territory;
- minimum coverage equivalent in South Africa to EUR 30'000.—;
- for covering expenditure for repatriation for medical reasons, urgent medical care and/or urgent treatment in a hospital.

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

Cape Town, (date) (signature)