

**Medical insurance form**

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

Date of birth: .....

Holder of multiple entry visa no .....

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 Rands to € 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 the medical travel insurance with me for purpose of border check while entering the Schengen territory.

Pretoria, ..... 200..

Signature