

Medical Insurance Form

| The undersigned, (full names): | |
|---|--|
| Date of birth: | |
| valid in the whole Schengen valid during the real period o minimum coverage equivalen | of stay in the Schengen territory; nt tin South Africa to EUR 30'000.00; repatriation for medical reasons, urgent medical care |
| I will carry the proof of medical trave while entering the Schengen territor | el insurance with me for the purpose of border check y. |
| Pretoria, | ·· |
| Signature: | |