

I - Declaration

Family Name: _____

First Name: _____

Date of Birth: _____ Place of Birth: _____

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.

Mumbai, _____

Signature

II - Authorization

I, _____, hereby authorize Mr. Mrs. Ms. _____
_____, of _____, to
submit/collect my visa application.

I declare that I am fully aware that with my signature on the visa application form I take responsibility for the indications in the application form as well as for the documents submitted.

I declare that I have read and understood the relevant paragraphs on page 4 of the visa application form which explain my rights and obligations.

Further I confirm herewith that my phone number is _____, my mobile number is _____ and my email address is _____.

Place & Date

(Signature)

Name, Surname, Passport Number

Enclosure:

Copy of my passport

Photo identity of my representative (Passport copy / Pan card / Voters ID / Company ID card)