

## DECLARATION OF RESPONSIBILITY

\_\_\_\_\_, student  
(Name, Surname)

from \_\_\_\_\_, with Passport/ID number  
(Home University name)

\_\_\_\_\_, that has been accepted as **ERASMUS +**  
Exchange **European** student during the academic year 2023/2024.

Hereby declare my own responsibility:

That I own the European Health Card with European coverage.

That I also own an insurance policy covering repatriation in case of death,  
illness or accident.

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Contact in case of accident: \_\_\_\_\_

In \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_