

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 2024/2025.

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: _____