

DECLARATION OF RESPONSIBILITY

_____, student
(Name, Surname)

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

_____, that has been accepted as **ERASMUS +** Exchange **non-European**
student during the academic year 2021/2022.

Hereby declare my own responsibility:

I own a Health Insurance Policy with international coverage.

- Repatriation in case of death, illness or accident.
- Surgical expenses are prepaid or assumed by the insurance company in advance.

Company: _____

Policy number: _____

Contact in case of accident: _____

In _____, ____/____/____

Signature: _____