

DECLARATION OF RESPONSABILITY

_____, student
(Name, Surname)

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

_____, that has been accepted as **NON ERASMUS** mobility exchange
student during the academic year ----/----.

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: _____

Signature.: _____ In _____, ____/____/____