

Affidavit

Name:
Family Name:
Date of Birth:
Nationality:
Passport Number:

Hereby I declare that for every journey to the Czech Republic, which I undertake on the ground of the granted visa, I will arrange a travel insurance, which will cover the medical treatment costs connected with an injury or a sudden illness in the Czech Republic, including the costs of transport of the injured/ill person into the state, of which he/she is the passport holder*)/ into the state, where he/she is granted permanent residency. The travel insurance will cover the costs at least to the amount of 30 000 EUR during the stay in the Czech Republic.

I am aware of the fact, that if I do not present a confirmation about the travel insurance in the above mention sense, I will not be granted the entry to the Czech Republic.

In

Date

Signature of the Visa Applicant

*) delete as appropriate