

Declaration on accident and health insurance

Undersigned _____ (personal ID No.: _____ ,
Neptun code: _____ , place and date of birth: _____)

hereby declare that in order to maintain the validity of my accident and liability insurance during the whole period of my Erasmus+ internship mobility, I will interrupt my stay as often as it is necessary, that is to say at least in every _____ days.

Date: _____

signature