



Embassy  
of the Federal Republic of Germany  
Riyadh

Fax: 4880279

### Declaration of medical travel insurance for subsequent visits

Full name .....

Date and place of birth .....

Application Number .....

hereby declares that for each visit to the Schengen States, subsequent to the first one and within the validity of the issued visa, he/she will provide for him/herself and/or for the members of his/her family a medical travel insurance that will meet the following standards:

- Valid for all the Schengen States
- Valid for each period of stay in the Schengen States
- Minimum coverage 30.000 Euro, without limitations
- Covering expenses of repatriation for medical reasons, urgent medical care and/or emergency treatment in a hospital.

The undersigned will carry the proof of his/her medical travel insurance to be available at the immigrations check at the entry into the Schengen States.

Date: .....

Signature: .....

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