Declaration on Travel Health Insurance

| l, | (full name, | DOB) |
|--|---|--|
| holder of travel do | cument of Canada no | , |
| visa granted to monocomment of the Fatravel health insurface of the comparison of th | ne under the Agreement acilitation of Temporary Verance which fulfils the concessory and urged of for the remaining period concluded with an insurant a limit for one insured exprehensive medical insurant the Czech Republic with | erritory of the Czech Republic based on the between the Czech Republic and Canada Work Stays of Youth, I will arrange for the onditions of the Law on the Residence of the care for the first 90 days of stay on the od of stay also the comprehensive medical rance company registered in the Czech event in the amount of 400,000 EUR, ance concluded with an insurance company in a limit for one insured event in the amount of the permitted stay on the territory. |
| Date: | | |
| | | signature of the applicant |
| | official stamp | signature of the visa officer |