Appendix No. 6

to the registration Procedure

**A STATEMENT**

 I, ……………………………….................................... ....... I declare, that:

- I have a health insurance policy / European HealthHelth Insurance Card/ contract with the National Health Fund *(pol. NFZ)* for the period of education in Poland\*.

- I undertake to insure myself for the period of education in Poland\*

…………………………………………………….

(legible signature)

\*delete as appropriate