



Poznań, the

Name and surname of student:

.....

Year, mode, field of study, specialization:

.....

Phone number, e-mail:

.....

Declaration of insurance

In connection with the internship that I will be doing in the period from to

I declare, that:

I have a valid accident insurance (NNW)*;

I do not have a valid accident insurance (NNW)*.

.....

Signature of student

*Tick as appropriate