Doc. 2

D E C L A R A T I O N

*I hereby declare that I have purchased insurance for medical treatment costs insurance covering accidents costs for travel and stay in the host organization and third-part liability insurance (covering damage caused by the Participant during stay abroad). At the same time, I declare that in the absence of the above mentioned insurances, I shall not claim compensation from the Poznań University of Economics and Business for costs of treatment, accidents and civil liability.*

First name and surname ...........................................................................................................................

Name of the foreign institution ............................................................................................................

............................................................................

Date and signature

|  |  |
| --- | --- |
| ---------------------------------------------------------------------------------------------------------------------------------------------------------------- | MC900350030[1] |

Doc. 3

CONFIRMATION

*Student*..........................................................................................

 *(First name, Surname)*

Level of study…………………………………

*Year of study* ……………................................

Field of study…………………………………..

*Student’s ID number* .......................................................

*student has completed all formalities [has received permission from Director of studies for mobility] before departure for:*

* *Erasmus+ interniship*

Poznań, ......../........./........ Podpis/pieczątka BOS

 (*signature and stamp*)