Federal Foreign Office

Annex PA4 of the Protocol Directives

Fill in the form completely and electronically and send it to

Division Prot14

Declaration

from

(First name, family name of diplomat)

for

(First name, family name of accompanying person)

my

(family relationship)

I,

(First name, family name of diplomat)

hereby declare that I will assume all costs arising in connection with the residence of the above mentioned person in the Federal Republic of Germany during my official stay in Germany.

This also includes acquiring health insurance cover immediately after entry into Germany, the benefits of equivalent to those of German statutory health insurance scheme and also cover pre-existing conditions. (Note: Insurance is recognized by all German health insurance providers and all insurance companies within the EU/EEA that have a branch in Germany.)

The insurance protection will be maintained during the entire stay in Germany.

(Place) (Date)

_____

(Signature)