

..... Lodz,

.....
First name and Family name

Faculty of Management, University of Lodz

Study Programme:

Full-time studies / part-time studies*; 1st-cycle studies / 2nd-cycle studies*

.....
year of studies

.....
student ID number

.....
address for correspondence, phone number

STATEMENT 1

I hereby declare that I am covered by accident insurance (tick the appropriate box):

☐ I have purchased the accident insurance for students offered at the University of Lodz

☐ I have purchased another accident insurance:

Insurance policy no.:

issued by:

valid until:

STATEMENT 1

I have purchased liability insurance:

Insurance policy no.:

issued by:

valid until:

I also hereby confirm that I have been instructed about the responsibility for making false statements.

.....
the student's signature