

ATTESTATION SUR L'HONNEUR

I, undersigned,

Last NAME (capitals):

First name(s):

Date of birth (DD/MONTH/YYYY):

Place of birth (city, state, country):

Address (home):

Certify on my honour that I have medical insurance that covers all my medical care and repatriation to my country of origin in case of accident or death during my stay in French Polynesia for the entire time covered by the Protocole d'Accueil permit:

From (DD/MONTH/YYYY):

To (DD/MONTH/YYYY):

I hereby certify that I have sufficient financial resources to cover my expenses during the same period.

I release the Délégation à la Recherche de la Polynésie française of any liability.

Date (DD/MONTH/YYYY):

Signature (compulsory, less than 100 ko)