Name and Surname:

Album number:

Year of study:

Direction:

WSMiP University of Lodz.

**Statement**

I hereby certify that I am insured against accidents .

a ) I have concluded insurance as part of the NW PZU insurance for students run by WSMiP UŁ \* /

b) I have no undue stress insurance policy issued by .............. ........ .............. ... ........................................ valid until ... ................................. \* /

At the same time, I confirm that I have been instructed about the responsibility for making false statements.

Note: \* / cross out a) or b)