**GUARANTEE LETTER (GARANTVERKLARING)**

I (the undersigned) hereby declare to guarantee the payment of the cost of stay, medical care and repatriation caused by:

Surname:

First Name:

Date of Birth:

Place of birth:

Nationality:

Gender:

Marital status:

Passport Number:

And this for a period of 5 years or as much as shorter as the residence of the alien takes from the entry of the person on the Schengen territory, up to a maximum of € 10,000 per year, in so far as these costs otherwise would be charged to the State and/or public sector bodies. The surety ends when an appropriate manner can be demonstrated that the aforementioned person has left the Schengen area (to think of an exit stamp affixed by a Schengen State or entry stamp affixed by a border control authority in charge in the country of origin).

Date:

Name:

Address/Residence:

Signature: