

APPLICATION FORM
 MOBILITY INSURANCE POLICY
 INSURANCE COMPANY: ARAG
 UNIVERSITY OF GIRONA

NAME: _____
 ID NUMBER: _____
 E-MAIL: _____
 DATE OF BIRTH: _____
 NATIONALITY: _____
 TRIP START DATE: _____
 TRIP END DATE: _____
 COUNTRY OF DESTINATION: _____
 MOBILITY PROGRAMME: _____
 FACULTY OR SCHOOL: _____
 PROGRAMME OF STUDY: _____

AMOUNT: € _____

Length	Destination		
	Spain (*)	World, except USA, Canada, Japan and Mexico	USA, Canada, Japan and Mexico
Annual	€ 295,90	€ 73,00	€ 90,00

(*) For international students

BANK ACCOUNT NUMBER TO TRANSFER THE PAYMENT:
 ES72 0049 4711 5620 1009 4130
 Bank: Banco Santander Central Hispano

DATE: _____

Send this document, completed and with the payment receipt, to:
udg@willis.com
 FAX: 93.415.64.50