

APPLICATION FORM
MOBILITY INSURANCE POLICY
INSURANCE COMPANY: ARAG
UNIVERSITAT DE 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: _____ €

	Destination		
	Spain (*)	World, except USA, Canada, Japan and Mexico	USA, Canada, Japan and Mexico
6 months	273,39 €	67,45€	83,16 €
12 months	554,38 €	136,78 €	168,82 €

(*) Only for foreign students

BANK ACCOUNT NUMBER TO TRANSFER THE PAYMENT:
ES34 0049 1803 5829 1043 3775
Bank: Banco Santander Central Hispano

DATE: _____

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