

## Declaration

### I. Personal data:

Name(s) and surname:	
Personal Identification Number:	
Address of residence:	
National Health Fund number:	

### II. Declaration for social security and health insurance purposes in connection with the internship under CO-OP program:

I hereby declare that in the period from \_\_\_\_\_, \_\_\_\_\_, .....to \_\_\_\_\_  
\_\_\_\_\_ I will be  
doing an internship at:

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company and will be receiving internship fee due to it.

Due to the above, I hereby declare that:

- 1) during the period of the internship, I will/won't\* be subject to compulsory pension and disability insurance on other grounds (employment under an employment contract, employment under a contract of mandate, running own business, etc.),
- 2) I am aware that at the end of the internship I will be deregistered from social security and health insurance,
- 3) I am aware of the criminal liability for not telling the truth or concealing the truth,
- 4) I will immediately notify the University sending me to the internship in writing of any changes to the above statement.

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Place, date and student's legible signature