	Assumption	n of Responsibility fo	or Hosting	
		I, the undersigned		
Surname:		Name		
Place and date of birt	h:	*		
Nationality:		Passport / I.D. Number	<del>,</del>	
Address:				
Salary:				
Diplomatic Mission to	examine the applica	ation:		
Assume full	responsibility vis-à	-vis the Authorities o	f the Republic of C	vnrus to
(a) Host	ossible medical exports on I will be hos	penses. sting will depart befo	nd cover all accom	modation,
		osted person details:	ao magamy.	
	***	person details.		
Surname:				
Name:				
Sex:				
Place and date of bir	th:			
Nationalitý:				
Passport number:				
Address:	4 - 4 44			
Relation to the person	n to be hosted:			
He / She will be acco		er wife / burband	•	
He / She will be acco	mpanied by nis / n	ter child(ren):		
From Until				
Hosting address (if di	fferent from the ho	ost's address):		
			٠	
Signature:				-
	Discon	•		
Date:	Place:		Stamp:	