

Medical visa checklist	Check Box	Remarks
Application form: fully completed in English or Croatian language .		
Passport valid up to 3 months from the visa issuing date previous passports covering the last 10 years or, if none, certificate of movements issued by the Mugamma.		
One photograph: recent, in colour, 35x45 mm; the person is to be captured with neutral facial expression.		
Proof of legal residence (if applicable)		
Travel medical insurance shall be valid for Croatia and cover the entire period of the person's intended stay. The minimum coverage shall be EUR 30 000.		
Cover letter: explaining the purpose of the trip, duration of stay and subsequent visits, if any.		
Means of transportation: return travel ticket or confirmed booking (for air/surface/sea transport)		
Proof of accommodation: hotel booking or accommodation can be provided by the guarantor if so indicated in the Letter of Guarantee		
Invitation letter from the clinic or hospital signed by the doctor confirming the down payment or deposit for the medical services to be rendered.		
Justification of the socio professional situation of the traveler(e.g. employment certificate, certificate of company ownership(tax card & commercial registry)		
Up-to-date personal bank account statement for the last 6 months. In the absence of bank account, proof of other assets has to be provided.		
On-line application number:		

Remarks:

Declaration:

I undertake that the submitted documents are under my own responsibility & I am aware that the Embassy may take its decision on the set of documents enclosed.

أقر ان المستندات المقدمة لطالب الفيزا تحت مسؤوليتي الشخصية و اننى على علم ان السفارة سوف تتخذ قرارها بناءا على تلك المستندات.

Please Note:

*The Embassy of Croatia **does not guarantee the visa before 15 days**

* the visa fee is **non –refundable**

ATTENTION: The Embassy of Croatia have a right to ask any other additional documents it consider necessary, may call the applicant for an interview, and have a contractual right of refusal without any explanation.

Officer Signature : _____

Applicant signature : _____

Data Entry : _____

Mobile Number : _____

Quality Check : _____