

Emergency

In case of emergency the below insurance company is to be contacted:

Provider NAME: _____

Secretariat is to be contacted in all matters of accident/health risks/emergencies etc. afterwards incident report is to be completed.

Office phone:	
Contact person:	
MS/MR:	
Phone + Country code:	
E-mail:	

Alternative contact person:

Name of alternative contact person:	
MS/MR:	
E-mail:	