

SUBSCRIPTION FORM  
MOBILITY POLICY Nº 55-1553216  
INSURANCE COMPANY: ARAG  
UNIVERSITAT DE VIC

NAME: \_\_\_\_\_  
NIE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_  
NATIONALITY: \_\_\_\_\_  
HOME TOUR DATE: \_\_\_\_\_  
DATE END TRIP: \_\_\_\_\_  
MOBILITY PROGRAM: \_\_\_\_\_  
STUDIES: \_\_\_\_\_

	Destination
	Spain
Annual	301,40€

ACCOUNT NUMBER WHERE THE TRANSFER:  
ES34 0049 1803 5829 1043 3375  
Entity: Banco Santander Central Hispano

**Inform the student's name on the concept of the transfer**

DATE: \_\_\_\_\_

Send this document filled with proof of payment to:  
[uvic@willis.com](mailto:uvic@willis.com)