

**APPENDIX III – Inglés-**

**APPLICATION TO JUSTIFY EXPORT OF HEALTHCARE ENTITLEMENT FROM COUNTRY OR PROVINCE OF ORIGIN.**

I, Mr/Ms..... of legal age, with address at C/..... No. ...., Postcode ..... in ..... - Spain, born in ....., on ..... of ....., ....., nationality ....., coming from ..... and with Passport/NIE No. ...., acting in my own name and right, for the purpose of requesting recognition of public health care entitlement within the scope of the National Health System in Spain.

**REQUEST**

Documentation attesting to recognition of exporting health care entitlements from my country of origin ..... (specify country).

I request that the documentation be sent to the name and address given above

(I understand that the government of the Autonomous Community of Aragon reserves the right to carry out any checks it deems appropriate to verify the veracity of what is stated in this document and that, if it is untrue, it reserves the right to carry out any actions it deems appropriate).

Signature of applicant:

Mr/Ms

In \_\_\_\_\_, on \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_

HEALTHCARE OFFICE OF .....(State country)