Visa Application Form

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| --- | --- |
| **National Federation / Club name** |  |
| **Contact data of National Federation or Club:** (Address + zip code, tel., fax, e-mail) |  |
| **Visa is required**  |  |
| **We will obtain the visa at:** (County, City) |  |

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| **Surname**(completely as in passport) | **First name**(completely as in passport) | **Sex** | **Position**(related to Judo or to the Event) | **Date of birth****XX.XX.XXXX**  | **Nationality**(as in passport) | **Passport number** | **Date of issue****( XX.XX.XXXX )** | **Date of expiry****( XX.XX.XXXX )** |
|  (**Please note:** The passport should be valid for a minimum of six months after the visa's expiration date) |
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*PLEASE RETURN to the Lithuanian Judo Federation ecup.lithuania@gmail.com*