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*