***Annex №2***

**VISA APPLICATION FORM World SAMBO Championships 2024**

**October 10-14, 2024 Larnaca, Cyprus**

**National SAMBO Federation / Organization:**

**Date of arrival:**

**Date of departure:**

**Contact person:**

**E-mail:**

**Tel.:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***№*** | ***Full name as in the passport*** | ***Date of birth*** | ***Passport Number*** | ***Date of issue*** | ***Date of expiry*** | ***Function:*** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Please return to** [**info@cyprussambo.org**](mailto:info@cyprussambo.org)

**President**

**Stamp and signature**