**VISA APPLICATION FORM**

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| --- |
| **COUNTRY AND FEDERATION:** |

Arrival Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We will apply for visas at the Montenegro Embassy in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Country, City)

Please also attach a **COPY OF THE PASSPORT**

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| Family Name | First Name | Date of Birth | Passport Number | Date of issue | Date of Expiry | Function |
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This form must be returned to the Judo Federation of Montenegro eucup@judomne.me before

**Friday 02nd February2024**

Date Head of the Delegation Signature and Federation's Stamp

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