|  |  |
| --- | --- |
| **Federation name** |  |
| **Contact data of the Federation:** (Address + zip code, tel., fax, e-mail) |  |
| **Visa is required** (from DATE to DATE)(Please specify the visa period required) |  |
| **The visa will be obtain at the Peruvian Consulate / Embassy in:** (Please specify the County, City, check <https://www.consulado.pe/paginas/Inicio.aspx> ) |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname**(completely as in passport) | **First name**(completely as in passport) | **Sex** | **Position**(Related to Judo or to the Event) | **Date of birth****(dd.mm.yyyy)** | **Nationality**(as in passport) | **Passport number** | **Date of issue****(dd.mm.yyyy)** | **Date of expiry****(dd.mm.yyyy)** |
|  (**Please note:** The passport should be valid for a minimum of six months after the visa's expiration date) |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**We kindly ask you to send the high quality passport copies and this properly completed by BLOCK LETTERS form in WORD format to the Organizer`s email :** **visa@judoperu.org** **before: September 10th 2025**

**Please note:**

* In order to ensure the correctness of the data, hand-written forms won’t be accepted.