**VISA APLICATION FORM**

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| FEDERATION: |

Arrival Date: Departure Date:

We will apply for the Visas at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Embassy in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(City/Country).

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| ***N*** | ***Surname*** | ***First Name*** | ***Position*** | ***Date of Birth*** | ***Place of Birth*** | ***Nationali ty*** | ***Pass No*** | ***issue Date of*** | ***Date of expiry*** |
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| ***24*** |  |  |  |  |  |  |  |  |  |
| ***25*** |  |  |  |  |  |  |  |  |  |

This form must be returned to the Hellenic Judo Federation before **November 3, 2025**

Date: \_\_/\_\_/\_\_ Head of the Delegation's Signature & Federation's Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_

Application must be sent only in *word* doc. *PDF* files will be rejected

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