**Annex 2**

**APPLICATION FORM – VISA**

**Masters World Sambo Championship**

**Limassol, Cyprus October 19-20, 2019**

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **A/A** | **Name/Surname** | **Date of birth** | **Passport No** | **Position** | **Category (for athletes)** |
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**Date: Signature:**

Please return Form not later than 10 September 2019 to email: [info@cyprussambo.org](mailto:info@cyprussambo.org)