*Annex 2*

**VISA APPLICATION FORM**

**AFRICAN SAMBO CHAMPIONSHIPS 2024**

National Sambo Federation:

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:****President**Coach**Doctor**Press**Athlete with category* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Please return to:** **k\_sobih@yahoo.com****; confederationafricainedesambo@gmail.com**

**President**

**Stamp and signature**