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| **Federation name** |  |
| **Contact data of the Federation:**  (Address + zip code, tel., fax, e-mail) |  |
| **Visa is required** (from… to...)  (Please specify the visa period required) |  |
| **The visa will be obtain at the Colombian Consulate in:**  (Please specify the County, City) |  |

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| **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) | | |
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**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 : oficina@fecoljudo.org,co** **before: August 30th 2022**

**Please note:**

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