

 **Appendix C VISA APPLICATION FORM**

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| **Badminton Association:** |  |
| **Contact person:** |  |
| **Contact Number:** |  | **Email:** |
| **Mobile Phone :** |  |

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| **Last Name:** |  | **Passport no.:** |  |
| **First Name:** |  | **Issue/expiry date:** |  |
| **Date of Birth:** |  | **Occupation:** |  |
| **Nationality:** |  | **Gender:** |  |

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