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| **Name:** Ms. Kathy Fong **Telephone:** +61 404 613 456 **Fax:** +61 2 9570 3717  **E-mail:** 2016ozopen@gmail.com |
| **Head Office Address:** Unit 5 No.8, Technopark Drive. Williamstown. VIC. AUSTRALIA. |
| **﻿This Form should be completed and returned as soon as possible** |
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| **Badminton Association :** |  |

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| **Team Manager :** |  | **Email** |  |

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| **Office Phone No. :** |  | **Mobile No. :** |  |

**VISA APPLICATION FORM**

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| **First Name:** |  | **Expiry date:** |  |
| **Date of Birth:** |  | **Occupation:** |  |
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**Note:**

**1. Member Association requiring visa to enter Australia please complete above**

**form and return to organiser asap.**

**2. We will forward an official invitation letter for your visa application.**