

**VISA REQUEST FORM**

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| **MEMBER ASSOCIATION (Country):** |  |
| **CATEGORY (Team/Media/BWF):** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **FAMILY NAME**  **(on passport)** | **GIVEN NAMES**  **(on passport)** | **GENDER** | **NATIONALITY** | **PASSPORT**  **NUMBER** | **EXPIRY**  **DATE** | **DATE**  **OF**  **BIRTH** | **ROLE**  **(player, coach, etc)** |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
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| 14. |  |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |  |

**Notes:**

1. Member associations requiring visa to enter Australia please complete the above form.

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

Please return this form by 22th May 2017 to:

Ms Kathy Fong

Email: ausopen2017@gmail.com

Telephone: +61 404 613 456