**Visa Application Form**

Please complete and return this form to **events@waikatobadmninton.co.nz** Please allow up to 2 days for a reply

Applications must be made to the organiser no later than **Friday 14 July 2017.**

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| Name of Member Association:  |
| Contact Person:  |
| PHONE NUMBER:  | MOBILE NUMBER:  |
| E-MAIL: |

**Please complete ALL categories. Otherwise we are not able to issue the invitation letter.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Mr/Ms | SURNAME | First Name | Passport No. | Expiry Date | Date of Birth | Nationality | Occupation/ Position |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |