Visa Application Form

Please complete and email this form to admin@nzbadmintonopen.com no later than **Tuesday, 7 April 2020.** Please allow up to two days for a reply.

|  |  |
| --- | --- |
| Member Association: | Contact Person: |
| Phone Number: | Mobile Number: | Email: |

Please complete all categories, otherwise we will be unable to issue the invitation letter.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Mr/Ms** | **Surname** | **First Name** | **Passport No.** | **Expiry Date** | **Date of Birth** | **Nationality** | **Occupation / Position** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |