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**VISA REQUEST FORM**

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| --- | --- |
| **Member Association Country:****Contact Phone Number:****Contact Name (full):****Contact Email address:** | INSERTINSERTINSERTINSERT |
| **Notes** | 1. Member associations requiring a Visa to enter New Zealand please complete the above form and return to Badminton Oceania email: events@badmintonoceania.org
2. We will forward the official invitation letter for your visa application to your contact email address the next business day after receipt
3. Please allow sufficient time for you visa application. We recommend applying at least 60 days prior to your planned travel
 |
| **Last date for submission** | Please return this form by **16 December 2024**  |

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|  | **FAMILY NAME (on passport)** | **GIVEN NAMES (on passport)** | **GENDER** | **NATIONALITY** | **PASSPORT NUMBER** | **EXPIRY DATE** | **DATE OF BIRTH** | **ROLE (player, coach, Manager)** |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |