

VISA APPLICATION FORM

FEDERATION: _____

Address: _____

Contact person: _____

Tel. / Fax: _____ E-mail: _____

№	Name	Given name	M/F	Date of birth	Position	Passport №	Date of issue	Date of expiry*

Please forward with it passports copies and note, that the validity of passport must be not less than 6 (six) months before the date of expiry.

City of application for visas	
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TRAVEL DETAILS

	Date	Airport	Train station	Time	Airline & Flight number	Arrival from/ Departure to	№ of persons
Arrival							
Departure							

*Please fill in all the columns in order to supply us with complete information.

Signed: Date:

Please return this form by **October 15, 2016** to RUSSIA'S DIVING FEDERATION
e-mail: diving-roc@mail.ru and Organizing Committee: diving@dspkazan.com

