

VISA & ACCREDITATION APPLICATION FORM

DEADLINE April 13th 2017

**SEND THIS FORM TO: uaeswimming2020@gmail.com
Fax : +971 4 264 8718 – amr.uaeswimming@outlook.com**

Country Name of National Federation

Address

Email Address

Phone No Fax No

Contact..... Person Designation.....

First Name as in Passport	Last Name as in Passport	Gender	Nationality	Passport No	DOB DD-MM-YY	A-Athlete O-Official C-Coach G-Guest

Authorization of National Federation by President or Secretary National Federation Seal

Name

Title

Signature

Date

Important Note: Please attach a colored passport copy and recent personal photo for each Team member