**ANNEX 5**

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| **LIST OF DELEGATION FOR VISA APPLICATION** **(Before 03/08/2024)**Please complete this form and send it to CMAS HQ and Organising Committee by e-mail: cmaswc24@gmail.com |

| № | Given Name | Surname | Position (Athlete, coach, Captain, Team leader etc) | Nationality | Date of birth | Gender | Profession | Passport number | Passport Date of issue | Passport Date of expiration | City of entry  | Date of entry  | Date of departure |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 2 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 3 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 4 |   |  |   |  |  |  |  |  |  |  |   |   |   |
| 5 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 6 |   |  |   |   |   |  |   |  |  |  |   |   |   |
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| 9 |   |  |   |  |  |  |  |  |  |  |   |   |   |
| 10 |   |  |   |   |   |  |   |  |  |  |   |   |   |

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|  | Date |
| (President Signature / stamp) |  | (Full name in block letters) |
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