**ANNEX 5 – VISA APPLICATION**

Please complete this form and send to CMAS HQ [spo@cmas.org](mailto:spo@cmas.org) and Local Organizing Committee by e-mail info@cmas-sportidiving-wc.org

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| **LIST OF DELEGATION FOR VISA APPLICATION**  **(Before 15th, October 2024)** | | | | | | | | | | |
| № | Name, Surname | Position (Athlete, coach etc) | Citizenship | Date of birth | Passport N° | Date of expiration | City of the consulate in your country issuing visa for the competition’s country | City of entry | Date of entry | Date of departure |
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|  | Date | |
| (President Signature / stamp) |  | (Full name in block letters) |
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