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| ***FEDERATION:*** |  |

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | Sex (M/F) | FamilyName | GivenNames | **Passport No.** | Event(s) |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
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| **11** |  |  |  |  |  |
| **12** |  |  |  |  |  |

**Note: This form should be accompanied with passport copy and   
 digital photographs of each team member.**

Chop of Federation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Federation’s representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Federation’s representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is page no. \_\_ of \_\_