

APPENDIX 1 VISA REQUEST FORM



WAKO member federation: _____

Sport federation/Individual/ name:	
Address of federation/Individual:	
Name of legal representative of the sport Federation:	
Nationality of legal representative:	
Address of legal representative:	
Phone:	
Email:	

List of the persons who this Letter of guarantee includes for the same visit to Montenegro at WAKO European Kickboxing Championships from 5-14th November 2021:

No:	Name and surname	Passport No.	Date of expire	Date of birth	Sex	Status at Championship	Nationality
1.							
2.							
3.							
4.							
5.							

No:	Name and surname	Passport No.	Date of expire	Date of birth	Sex M/F	Status at Championship	Nationality
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							