

APPLICATION FORM FOR VISA REQUEST

(To be sent as soon as possible to: office@iska-germany.eu)

Federation / Club / Individual	
Address:	
Name of legal representative:	
Nationality:	
Phone:	
Fax:	
E-mail:	

List of persons who this letter of guarantee includes for the same visit							
	Name & Surname	Passport No	Date of expire	Date of birth	Sex	Status	Nationality
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