



APPENDIX 1

APPLICATION FORM FOR VISA REQUEST TO BE SENT BY **10th APRIL**

Please send this form by e-mail to: infoITFWC2026@taekwondoitf.es

Federation / Association:	
Address:	
Country:	
Name of legal representative:	
Nationality:	
Phone:	
E-mail:	
Arrival date:	
Departure date:	
Planned trips (Yes or No)	
If yes, state the country and number of days of the trip	
Note: Each person planning on visiting any of our neighboring countries must apply for a Visa at their own Embassy!	

List the persons from your group for whom we should issue a guarantee visa support letter							
	Name & Surname	Passport No.	Expiry date	Date of birth	Sex	Status	Nationality
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	Name & Surname	Passport No.	Expiry date	Date of birth	Sex	Status	Nationality
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