

## Austrian Open 2020 – Visa Application Form

<b>Name of Member Association (Team):</b>			
<b>Mailing Address:</b>			
<b>Name of Team Representative:</b>		<b>Position:</b>	
		<b>Date:</b>	

No	Mr/Mrs	Last Name	First Name	Date of birth	Nationality	Passport No.	Expiry Date	Occupation/ Position
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Please send this Visa Application Form to: [visa@autopen.at](mailto:visa@autopen.at)