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| --- | --- |
| **School /Organization name and address**  |  |
| **Contact Person E-MAIL**  |  |
| **Phone and Mobile** |  |
| **TEAM MEMBERS INFORMATION** |
| **№** | **FIRST NAME** | **LAST NAME** | **DATE OF BIRTH**(DD/MM/YYYY) | **PASSPORT or ID DETAILS** |
|  **№** (number) | **DATEOF EXPIRY** (passport)(DD/MM/YYYY) |
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| **6** |  |  |  |  |  |
| *Please send the completed registration by e-mail to* ***info@ayimi.org*****photo** |

ID card

ID card

ID card

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