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| **THE 34th ASA AGM**  **Indonesia**  **26-28 MAY 2025** | | | | | | | | **VISA REQUIREMENT FORM**  ***(Please print in block letters and return ASAP)*** | | | | | |
| **Date :** | |  | | | | |  | | |  | | | |
| **To :**  **Copy:** | | ASA Secretariat – Ms Julie Ng  Tel : (65) 6325 4737  Email  : [julieng@asa.org.sg](mailto:julieng@asa.org.sg)  FASA-Indonesia - Ms. Eka Purwaty/ Ms. Erlyn ([erlyn@pactoconvex.com](mailto:erlyn@pactoconvex.com))  Tel : +62811148046 / +6281212703830  Email : [IMW\_2025@insa.or.id](mailto:IMW_2025@insa.or.id) | | | | | **From:** Name of Association: | | |  | | | |
| Contact Person: | | |  | | | |
| Tel: | | |  | | | |
| Fax: | | |  | | | |
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|  | **Name of Delegates and Accompanying Person** | | **Country of Birth** | **Date of Birth** | **Nationality** | **Passport No.** | | **Expiry Date of Passport** | **Name of Company** | **Address of Company** | **Tel.** | **Fax.** | **Email** |
| 1 | *(Name of Delegate)*  *(Name of Accompanying Persons)* | |  |  |  |  | |  |  |  |  |  |  |
| 2 | *(Name of Delegate)*  *(Name of Accompanying Persons)* | |  |  |  |  | |  |  |  |  |  |  |
| 3 | *(Name of Delegate)*  *(Name of Accompanying Persons)* | |  |  |  |  | |  |  |  |  |  |  |
| 4 | *(Name of Delegate)*  *(Name of Accompanying Persons)* | |  |  |  |  | |  |  |  |  |  |  |
| 5 | *(Name of Delegate)*  *(Name of Accompanying Persons)* | |  |  |  |  | |  |  |  |  |  |  |
| 6 | *(Name of Delegate)*  *(Name of Accompanying Persons)* | |  |  |  |  | |  |  |  |  |  |  |