ATUGON TECHNOLOGIES

Diversity Visa (DV2017) Lottery Entry Form

FULL NAME:						
(Please Print)	Last/Family Name	First Name			Middle name	
DATE OF BIRTI	H: (Day, Month, Year)	/ /	GEN	DER: Male _		_Female
CITY/TOWN OF	BIRTH:	COI	JNTRY OF B	IRTH:		
(The name of th	e country should be that wh	ich is current	ly in use for th	ne place where	the applica	nt was born.)
MAILING ADD	<u> DRESS: (</u> You will be not	tified by thi	s address if	you are select	ted!!!)	
Address:						
City/Town:						
District/Country	y/Province/State:					
Postal Code/Zip	Code:		Count	ry:		
Country you pro	esently reside in:					
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Tel:	Ema	il:				
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SPOUSE INFO	DRMATION: FULL	NAME:				
GENDER: Ma			t/Family Name	e First Nar	ne	Middle name
DATE OF BIRT	ΓΗ (Day, Month, Year):	/ /	Email:			
CITY/TOWN OF	BIRTH:		COUNTRY (OF BIRTH: _		
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