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SWEDISH AR	MED FORCES	REQUEST FOR VIS for visitors to the S	wedish Armed Forces			
8. Particulars of visitors			PLEASE COMPLETE THE INFORMATION I			
Name		EACH VISITOR TAKING PART IN THE ACT				
Rank (OF/CF/OR/CR)		Security clearance (level)	AT LEAST NAME, NATIONALITY, DOB AN PASSPORT/MILITARY ID-NUMBER SHOU			
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-	11. Further information a. Visitor(s) will carry b. Visitor(s) will use	Veiform Weapons Civilian Vehicle Military Vehicle Public Train Commercial airline Military aircraft Naval unit or vessel	Yes Yes Yes Yes Yes Yes Yes	No Time and Date of No No No Time and Date of No Time and Date of	If entry to Swedish Territory If entry to Swedish Territory		
V) 2018-10					PLEASE FILL OU INFORMATION. PLEASE, ALSO, REQUEST ALSO FOREIGN MILIT/ SWEDISH TERR	CLEARL INVOLV ARY UN	/ES THE USE OF
MT102-384760 Ugahra 3 (FMV) 2018-10 ©Blankerttennoret							