

## SGINZ Personal Omamori Gohonzon Application Form

To Soka Gakkai International of New Zealand

I request to receive a personal Omamori Gohonzon for the following reason/s:

- if because of travel, please state how often you travel and for how long
- if instead of a larger Gohonzon, please indicate why you prefer to receive an Omamori Gohonzon

<ul> <li>if for other reasons, please be as sp</li> </ul>	ecific as possible.
Name:	District:
Division: YWD YMD WD MD	Date:
\ddress.	
Recommended by district leader:	
Recommended by chapter leader:	
Approved by GC leader :	

Date of decision:\_\_

Office use only (After informing GC/HQ)