



Loan Omamori Gohonzon Application Form

Name _____

Address _____

Home phone _____ Mobile: _____

Email: _____

District _____ Division YWD / YMD / WD / MD

Reason for applying for a Loan Omamori Gohonzon:

Expected dates: From _____

To _____

The maximum loan period is six months.

After borrowing, please return the Omamori Gohonzon to the respective Culture Centre

Leaders Approval

District Divisional Leader: _____
(Please print name and sign)

Office Use Information Only

Given By: _____ Dated on: ____/____/____

Received By: _____ Dated on: ____/____/____

Other Remarks: _____

Applications are considered on a case-by-case basis