



Loan Omamori Gohonzon Application Form

Name:

Address:

Email:

District:

Division:

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:

Signature:

Office Use Information Only

Given By:

Date on:

Received By:

Date on:

Other Remarks: