



# Certificate



\_\_\_\_\_

Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Address

\_\_\_\_\_

City

**上記者は 本會規定에 依하여 資格을 授與함**

THIS IS TO CERTIFY THAT THE PERSON ABOVE HAS ATTAINED

\_\_\_\_\_ IN THE \_\_\_\_\_ PROMOTION TEST

CONDUCTED BY THE KWANMUKAN BUDO ASSOCIATION.

\_\_\_\_\_

Date

