SINGAPORE BUDDHIST FEDERATION
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ADULT ENGLISH DHARMA CLASS
REGISTRATION FORM

Course Year :

Participant's Particulars

Name: _____ **Date of Birth:** _____

NRIC No: _____ **Nationality :** _____

Marital Status: Married / Single **Sex: Male / Female**

Address: _____

Postal Code: _____ **Vehicle No :** _____

Tel: (HP) _____ **(Res)** _____ **Education Level:** _____

Email Address : _____ **Occupation:** _____

Dharma Name: _____ **Date of Refuge taking:** _____

Temple of Refuge taking: _____

Dharma Teacher: _____

Date: _____ **Signature:** _____

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