| ライセンス番号 | |
|---------|--|
| 許可番号 | |

APPLICATION FOR

LICENSE

TO MESSRS. THE JAPAN BOXING COMMISSION

I hereby apply for the license as follow by paying the fee provided by **THE JAPAN BOXING COMMISSION** in order to qualify myself for participating in matches for this _____ as a professional.

DONOT PASTE PHOTO

| * |
|---|
| 1.PARMANENT ADDRESS: |
| 2.PRESENT ADDRESS: |
| 3.NAME: (CHINESE CHARACTER:) |
| 4.DATE OF BIRTH: / / PHONE: |
| 5.OCCUPATION: |
| 6.Experience of obtaining the professional boxing in Japan (YES · NO) If YES (LICENSE No: DAY MONTH YEAR Your last arrival date to Japan: / // |
| 7.BRIEF LIFE HISTORY: |
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| * |
| I hereby pledge that the above statements are all true and I will abide by the regulations provided by THE JAPAN BOXING COMMISSION and maintain honor and dignity as a |
| Date: / / / |
| APPI ICANT'S SICNATURE: |