ISTITUTO BUDDISTA ITALIANO SOKA GAKKAI Via della Marcigliana 532/9 00139 Roma tel.06/872861 - fax 06/87286220

Date

Letter of Introduction

то	
NAME Mrs./Miss/Mr.	
Responsibility	Division MD/WD/YMD/YWD
Enrolment date	Birth date
Study level	
Organization:	
Address in Italy	
Reason of visit	
Period	
From	То
Special notes	
	Secretary's office