2025 J.S.A. SAKE DIPLOMA INTERNATIONAL Certification Exam Application Form

	Family Name		First N	ame	_
漢字					Photo (4cm×3cm) *Portrait without hat taken within 3 months in color.
Gen	der	Date of Birth (year/month/day)		Age
	Male Female / /				
J.S.A.Membership No. (if any)			Examinee's nu	imber if case of re-tak	e(免除受験)
Mailing Address	Address and Postal Code (漢字での記載	可)		Country TEL +	
	E-mail			FAX +	
Nati	onality			Exam Location: please check one	
Company Name				Tokyo	🗌 Osaka
	have read and understood the outline o J.S.A. for the operation of the exam.	f the exam and	agree that my p	personal information w	vill be kept by
	*signature:		*date:	yyyy/ mm/	dd

事務局確認欄

	2025 J.S.A. SAKE DIPLO Admit (% Please fill in your name.	
Photo (4cm×3cm)	Admit	Name	
*Portrait without hat taken within 3 months in color.	J.S.A.check *Valid with J.S.A. stamp		
JAPAN JSA Bldg. 2F, 17	nmelier Association -3, Kanda-higashimatsushitacho, kyo, Japan 101-0042		

Please attach a copy of your photo ID

 $\cdot\,\text{ID}$ must be issued by government office (ex. driver's license, passport) and have your photo.

 \cdot If image is unclear, you may be asked to submit another one.
