

SINGAPORE TAEKWONDO FEDERATION APPLICATION FOR CONVERSION OF POOM CERTIFICATE

Name (in block letters)		
Address		
Last 3 digits of NRIC plus alphabet		Sex
Date of Birth	_ Age	Contact No.
Present Grade	_ Date Obtained	
Certificate No.	_ Grade Applied For	
	Contact No	
Submitted by		
Authorized Signature Name:		Company Stamp:
Affiliate:		
Date:		
STF Office:		
	Finance	
Processed by:	Fee Payable:	
Date:	Date:	