



# CERTIFICATE of EXAMINATION

## Beauty Therapy

Awarded to:

Family Name

**Pettersson**

Fore Name

**Sofia**

Address

**c/o Carlsson**

**Betesveien 23**

City

**139 53 Värmdö**

Country

**Sweden**

Candidate Code

**05091.08**

Date of Birth

**13.05.1982**

School

**Privatskolan för Hudvard Kosmetik**

**Ms Liselott Calissendorff**

**Stureplan 6**

**114 35 STOCKHOLM**

**Sweden**

The undersigned declare that the above mentioned candidate has passed:

### Theory

Date: 10/6-05

Verified by:

School Director:

International Examiner:

The undersigned declare that the above mentioned candidate has passed:

### Practical

Date: 9/6-05

Verified by:

School Director:

International Examiner: