All of this section is to be completed by the candidate. Please print clearly or type.

Today's Date: _____ / _____ / _____
year month day

REQUEST FOR IOGKF DAN REGISTRATION

I hereby respectfully request that, upon successful completion of my grading, my rank be registered in the "Central Dan Register" of the IOGKF.

Recent Colour Passport Photo

Your Name: _____ _____
Family name Given Name

Katakana
Visit the information-katakana page at www.egka.org.uk to translate your name into Katakana.

Family name *Given Name*

E-mail: _____ Home Tel: _____
Int. code City code Number

Web: _____ Mobile: _____

Address: _____

_____ Postcode: _____

Age: _____ Date of Birth: _____ / _____ / _____ Nationality: _____
year month day

Male: ☐ No. of years Total No. of No. of training Present
Female: ☐ (✓) in Goju-Ryu: _____ yrs in Karate: _____ sessions per wk: _____ Rank: _____

Date present rank obtained: ____ / _____ (year / month)

IOGKF Rank? Yes: ☐ No: ☐ (✓)

Rank received from: _____

Sensei's Name: _____

Dojo's Name: _____

Dojo's Address: _____

_____ Postcode: _____

To be filled out by the candidate's Dojo instructor

Instructor's name: _____

Recommended for the rank of: _____

Has the candidate previously failed this grading? yes: ☐ no: ☐ (✓)

Signature: _____

The candidate's Country Chief Instructor:

Signature: _____

To be filled out by the Examiner

Grading Fee Paid: $ _____

Registration Fee Paid: $ _____

Date of Grading: _____/_____/_____
year month day

Grading Result PASS: ☐ (✓) FAIL: ☐ (✓)

Rank Given: _____

Signature: _____

You must check to ensure your EGKA membership is current at the time of making this application, and for the grading day itself.