Grading date:

REOUEST FOR IOGKF DAN REGISTRATION

I hereby request that, upon successful completion of my grading, my rank be registered in the "Central Dan Register" of the IOGKF. Recent Colour Your Name: First (given) Name Last (family) Name Passport Photo Katakana OrColour image Last name First Name EGKA Membership Details: Ref number: _____ Expires on: _____ E-mail: _____ Tel/Mobile: ____ Address: ______Postcode: _____ ______ Date of Birth:/...... Age: Nationality: Male: No. of training Present Female: Date you passed 9th Kyu/...... sessions per wk: _____ Rank: ____ IOGKF Yes: Date present Rank received from: rank obtained: ____/ ____ Rank? No: □ Sensei's Name: Dojo's Name: _____ Date: EGKA Event 1: _____ EGKA Event 2: Date: IOGKF International Event: Date: Please give details of two EGKA Regional or National training events you have attended in the last 12 months. If you are grading for 4th Dan or higher you must also have attended at least one IOGKF International event in the last 12 months. To be filled out by the candidate's Dojo instructor To be filled out by the Examiner \$ Instructor's name: Grading Fee Paid: Recommended for the rank of: Registration Fee Paid: \$_____ Has the candidate previously yes: □ Date of Grading: dav failed this grading? no: Grading Result PASS: Signature: FAIL: Rank Given: **The candidate's Country Chief Instructor:**

Signature:

Signature: