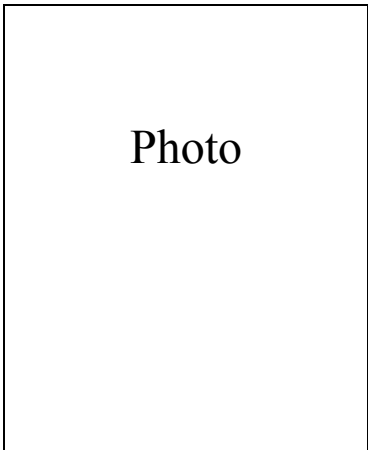


# **REQUEST FOR IOGKF DAN REGISTRATION**

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



Your Name: \_\_\_\_\_  
Family name Given Name

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 IOGKF Yes:  Rank received from:  
rank obtained: \_\_\_\_\_ / \_\_\_\_\_ Rank? No:  \_\_\_\_\_  
year month (✓)

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: \_\_\_\_\_