

## Application Form for AJKF Dan Examination (for Sho-Dan to 5-Dan)

Discipline: Kendo / Iaido / Iodo (put a circle on either one)Country: AUSTRALIA1. Applying Dan:          Dan2. Examination Date:          (Month)          (Day)          (Year)3. Examination Place:          (City/Town)          (Prefecture)          《漢字都市名 if applicable》

4. Applicant information:

Full Name:          (First Name)          (Family Name)          《漢字氏名 if applicable》Birth Date:          (Month)          (Day)          (Year)          《大/昭/平 年》  
和暦 if applicableGender: Male / Female (put a circle on either one) Occupation:         Age:          ('Age' should be as of the previous day of the examination.)Address:           
        Tel:          Fax:          E-mail:         Current Dan:          Dan Date of Granted:          (Month)          (Day)          (Year)          《大/昭/平 年》  
和暦 if applicablePlace of Granted:          (City/Town)          (Country)          《漢字都市名 if applicable》Issuing Organization:         AJKF Registered No. :          (if applicable) EKF Registered No. :          (if applicable)

\* The copy of the certificate (Menjo) for the current Dan must be attached to this form.

Signature of the Applicant:         

5. Approval of the Head of the IKF Affiliated Organization:

*I hereby approve and recommend this application.*

AUSTRALIAN KENDO RENMEI

          
Name of the Organisation          
Name of the Head (Print/Signature)