

Application Form for AJKF Dan Examination (for Sho-Dan to 5-Dan)Discipline: Kendo / Iaido / Jodo (put a circle on either one) Country: \_\_\_\_\_

1. Applying Dan: \_\_\_\_\_ Dan
2. 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》  
和曆 if applicable  
 Gender: 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) 《昭/平 \_\_\_\_\_ 年》  
和曆 if applicable  
 Place 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 Organization\_\_\_\_\_  
Name of the Head (Print/Signature)