

Application Form for AJKF Dan Examination (for 6-Dan and above)

Discipline: Kendo / Iaido / Jodo (put a circle on either one)

Country: AUSTRALIA

1. Applying Dan: _____ Dan 2. Applicant's Native Tongue: Japanese / Other Language (Put a circle on either one)

3. Examination Date: _____ (Month) _____ (Day) _____ (Year)

4. Examination Place: _____ (City/Town) _____ (Prefecture) 《 _____ 》
漢字都市名 if applicable

5. 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: _____

6. 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)