

WORLD TRADITIONAL KARATE-DO FEDERATION

Rue Verdaine 9, 1204 Geneva, Switzerland
www.wtkfkarate.org

Official use only

Reg. No.	Dan
Registration date	

"DAN" RANKING REGISTRATION, APPLICATION FORM

PLEASE SEND THIS FORM BY EMAIL TO EXAMS@WTKFKARATE.ORG ! Date: _____

I would like to request that you list my rank in the black-belt holders' register of your Federation.

I hereby declare that I will perform no acts which might detract from the honor of a black-belt holder.

NAME (LAST, MIDDLE, FIRST)			CITIZENSHIP	
NAME OF NATIONAL FEDERATION		NAME OF SCHOOL SYSTEM	REGISTRATION RANK	
DATE OF BIRTH	SEX	OCCUPATION	EMAIL	
ADDRESS (STREET, CITY, COUNTRY)				
KARATE EXPERIENCE		FORMER RANK	FORMER REGISTRATION	
YRS.	MOS.	_____ KYU DATE RECEIVED (D.M.Y)	(DAN RANK ONLY)	
		_____ DAN	No.	
DATE OF EXAMINATION		PLACE OF EXAMINATION		
DAY	MONTH	YEAR	CITY	COUNTRY
EXAMINER USE ONLY				
EXAMINERS: THE APPLICANT ABOVE HAS SUCCESSFULLY PASSED EXAMINATION FOR THE REGISTRATION RANK LIST.				
NAME		EXAMINER REGISTRATION	SIGNATURE	
1.		No.		

We approve the above ranking registration National Federation.

NAME OF NATIONAL FEDERATION (WTKF REPRESENTATIVE)

NAME OF RESPONSIBLE REPRESENTATIVE (PRINT)	SIGNATURE

SIGNATURE OF APPLICANT

NOTE: The established rank registration fee must be provided by the national federation at the time of registration.