

## 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 applicableBirth 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 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.*\_\_\_\_\_  
Name of the Organization\_\_\_\_\_  
Name of the Head (Print/Signature)