

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 NTKF Canada		NAME OF SCHOOL SYSTEM	
REGISTRATION RANK			
DATE OF BIRTH	SEX	OCCUPATION	EMAIL
ADDRESS (STREET, CITY, COUNTRY)			
KARATE EXPERIENCE		FORMER RANK	
YRS. MOS.		_____ KYU DATE RECEIVED (D.M.Y)	
		_____ DAN	
		FORMER REGISTRATION (DAN RANK ONLY) 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)	
National Traditional Karate Federation - Canada	
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.