

I hereby respectfully request that, upon successful completion of my grading, my rank be registered in the "Central Dan Register" of the IOGKF.

GRADING DATE / /
 dd / mm / yyyy



Note: You cannot be graded without a photo.

NAME		TELEPHONE		
First Name	Family Name	Country Code	City Code	Number

HOME ADDRESS _____

AGE _____ DATE OF BIRTH _____ / _____ / _____
dd / mm / yyyy NATIONALITY _____

No. Of years in Goju-Ryu	Total years in Karate	# Training hours per week	Present rank

DOJO ADDRESS _____ DOJO COUNTRY _____

Shodan	Nidan	Sandan	Yondan	Godan	Rokudan

Date (dd/mm/yyyy)					
Location					

Signature:_____