

EXEMPEL

For Aikikai Use	
Certificate No.	
Grade Given	Dan Kyu

AIKIKAI FOUNDATION
AIKIDO WORLD HEADQUARTERS
 17-18 Wakamatsu-cho Shinjuku-ku, Tokyo 162-0056 JAPAN

APPLICATION FORM FOR
DAN/KYU GRADING EXAMINATIONS

Rank Applied for	Attendance after Present Rank obtained
1 Dan Kyu	150 Days

Please Print or Type		Aikikai Membership No.:	Date of Aikikai Registration:	Nationality:
		-	-	Swedish
First Name*	Family Name*	Date of Birth;	Sex:	
SVEN	SVENSSON	11-Jan-1991	☒ Male ☐ Female	
Address:		(country)		
		Sveavägen 11, SE-11111 Sveaköping SWEDEN		
Name of Dojo:		Name of Org. or Group:		
Sveaköpings Aikidoklubb		Swedish Aikido Federation		
Present Rank Information (Rank, Place Obtained, Date)				Date of Examination
Rank:	Place:	Date:		
Dan, 1 Kyu	Sveaköping	9-Sep-2009	11-Nov-2011	
Remarks:		Examiner's Name: Kontrollera med arrangören vem i Svenska Aikidoförbundets graderingskommitté som ansvarar för signering av blanketten. (print) <i>Signeras efter godkänd gradering</i> (signature)		

I hereby make my application.		Examination Fee	
Date: 1-Oct-2011	Signature: <i>Här signerar du som ansöker</i>	Registration Fee	

INSTRUCTIONS: *Write your name in CAPITAL LETTERS as you want it to appear on your diploma. Please add 'English' alphabet under your name.

1. **Applicants** fill in the boxes enclosed by heavy line.
2. Please send your Yudansha Book when you apply.
3. **Examiners** fill in boxes enclosed by a double line. Do not forget your 'Signature'. The single line boxes are for Aikikai use.
4. Examination fees and registration fees are not refundable for any reason. 5. Do not change the size or shape of this form.

The Aikikai treats all information with the greatest care and in accordance with the laws on protection of personal information.

FORM-1
150601

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Certificate No.	
Grade Given	Dan Kyu

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Rank Applied for	Attendance after Present Rank obtained
Dan Kyu	Days

Please Print or Type		Aikikai Membership No.:	Date of Aikikai Registration:	Nationality:
First Name*	Family Name*	Date of Birth;	Sex:	
English Alphabet			☐ Male ☐ Female	
Address:		(country)		
Name of Dojo:		Name of Org. or Group:		
Present Rank Information (Rank, Place Obtained, Date)				Date of Examination
Rank:	Place:	Date:		
Dan/ Kyu				
Remarks:		Examiner's Name: (print) (signature)		

I hereby make my application.		Examination Fee	
Date:	Signature:	Registration Fee	

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