

## Qualified Examiner Registration Form (New or Renewal)

**Please fill in all fields.**

Your rank of Qualified Examiner: ASSISTANT EXAMINER

Your name: MÔNICA INFANTE GONÇALVES DA SILVA sex: M / F

The date of your birth: 18<sup>th</sup> February 1964

Your Ki society or Federation: KI AIKIDO BRAZIL

Your address: FLAT 307, 4338, VISCONDE DE GUARA PUAVA AVE  
BATEL. CEP: 80.250-220. CURITIBA-PR. BRAZIL

Your phone number: +55 41 99922-1802

Your Shinshin Toitsudo rank: SHODEN

The date of present Toitsudo rank obtained: NOVEMBER, 25<sup>th</sup>, 2009

Your Shinshin Toitsu Aikido rank: SANDAN

The date of present Ki-Aikido rank obtained: AUGUST 27, 2013

Your Lecturer rank: ASSISTANT LECTURER

The date of present Lecturer rank obtained: AUGUST, 2013

Name of your Chief Instructor: KOICHI KASHIWAYA

Chief Instructor of MIDLAND Ki Society/Ki Federation.

Signature of the Chief instructor: \_\_\_\_\_

Signature of applicant: Mônica Infante Gonçalves

- If you do not remember the exact date you obtained your rank, write the year and month.
- Please attach the recommendation letter of the applicant.