

Qualified Examiner Registration Form (New or Renewal)

Please fill in all fields.

Your rank of Qualified Examiner: Assistant Examiner

Your name: Wilson Hideki Sagae sex: M/F

The date of your birth: 26 march 1968

Your Ki society or Federation: Ki-Aikido Brasil

Your address: Rua Vereador Constante Pinto, 294.
Ap. 103. Bairro Becaçheri, Curitiba - Brasil

Your phone number: 041 999338767

Your Shinshin Toitsudo rank: Shoden

The date of present Toitsudo rank obtained: 10 november 2014

Your Shinshin Toitsu Aikido rank: Sandan

The date of present Ki-Aikido rank obtained: 10 december 2014

Your Lecturer rank: Assistent Lecturer

The date of present Lecturer rank obtained: 10 december 2014

Name of your Chief Instructor: Kashiwaza Koichi

Chief Instructor of Midland Ki Society/Ki Federation.

Signature of the Chief instructor: _____

Signature of applicant:  _____

- 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.

Ki Society H.Q.