



INSTITUTE OF SHOTOKAN KARATE UNITED - ISKU

(Affiliated By : Kankiryu Karate International Headquarters Japan)

INSTRUCTOR, EXAMINER & JUDGE AUTHORIZATION FORM

NOTE: Please Attach Photo Copy of any Id & Address Proof, your Bio-Data, and present DAN Rank Certificate with this form. To be filled in BLOCK LETTERS only.

Name

Date of BirthSex: Male ☐ Female ☐

Blood Group

Present DAN Rank

Karate Experience years

School/ Club Name

Permanent Address

Street

City / Zip

State / Region

Country

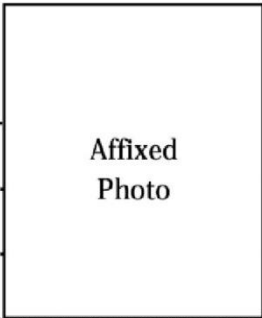
Tel. No.Fax No.Cell.

E-mail

Website

Instructor Name

I agree to abide the rules & regulations of the Organization.



Date

Signature of Applicant

REGISTRATION No.

Official use only

Instructor Status

☐

Examiner Status

☐

Judge Status

☐