|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ASIAN KARATE FEDERATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2019 AKF Senior - UZB** | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***No.*** |  | | | | | ***/2019*** |  | | | | | | | | | | | | | | | | *Photo* | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Registration Form for Coach Accreditation** | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| **KATA Accreditation** | | | | | | | |  |  | | | | | | | | | | | | | |
| **KUMITE Accreditation** | | | | | | | |  | ***AKF ID No.*** | | | |  | | | | | |  | | | |
| ***WKF converted to AKF*** | | | | | | | |  |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name: | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family Name: | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nationality: | | | |  | | | | | | | | | Sex: |  | | | | | | | | | Age: | | | |  | | | | |
|  | | | |  | | | | | | | | |  |  | | | | | | | | |  | | | |  | | | | |
|  | | | |  | | | | | | | | | ***DOB:*** |  | | | ***D*** | | |  | | | | | ***M*** | | |  | | ***Y*** | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel: |  | | | | | | | | |  | | Fax: | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cellular: | | |  | | | | | | | |  | E-mail: | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Official use only*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | ***Payment*** | | | | | | | | | |
| *Name of National Federation President or General Secretary* | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | ***US$50*** | | |
|  | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | ***US$100*** | | |
|  | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | ***US$200*** | | |
|  | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | ***US$300*** | | |
| *Signature of National Federation President or General Secretary* | | | | | | | | | | | | | | | |  | | *Date:* | | | | | |  | | | | | | | |

***(CLOSING DATE –30th June, 2019)***