International Taekwon-Do Federation (I.T.F)



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APPLICATION FOR ITF COMMENDATION

| Name: First name (1 only) | Mr. / M | s. Family name | _ |
|------------------------------------|--------------|-------------------|----------------------|
| First name (1 only) | | Family name | |
| Nationality: | Birth place: | | Passport siz digital |
| Date of birth: | | | 10 10 |
| Address: | | | |
| Qualifications: | | | |
| Education (School, Tertiary etc.): | | | |
| Dan Cert. No plaque No. | A | Applied for: | |
| Reason for recommendation: | | | |
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| | | | |
| NGB Representative Name: | | Signature: _ | |
| Name of NGB: | | | - |
| Place (Town, Country): | | Date: | (NGB Stamp) |
| Prof Ri Yong Son, ITF President | Signature | e: | |
| Date: | | (ITF 9 | Stamp) |