

AFFIDAVIT OF RANK

To be completed by the IKKF member
(Must be notarized if not signed by a witness)

I, _____
residing at _____, (City) _____,
(State) _____, (Zip Code) _____ (Country) _____
herby affirm that I currently hold the rank of _____
in the art of _____.

I have been training in the above art since _____ and
was promoted to such rank by _____
on or about the _____ day of _____, _____.

I affirm such ranking on my honor as a martial artist.

_____	_____
Name	Signature
_____	_____
Phone number	E-mail address
_____	_____
Date	Signature of witness

Instructions – Upon completion of the Affidavit Of Rank, please fax the fully executed document to **480-456-5800** or e-mail it to Info@IKKF.com for processing and the issuance of your certificates.