

## **APPLICATON FORM**

Questionnaire for Inc	dividuals applying for ESH	RKF Membership
First Name &	Surname of applying Inc	dividual person
Date of Bird	Nationality	kyu/ Dan degree
	Address	······
Telephone number	-	E-mail
Full Name a	nd Address of his/her St	yle Federation
I m hereby apply for Reg Regulation of ESHRKF.	ular Membership and acc	cept the Statutes, Rules and
Application fee w	vill be transferred to t	he following address
Name of Organization :	Európska Shito Ryu Ka	
Name of Bank: UNICRE	DIT BANK CZECH REPUI	BLIK and SLOVAKIA a.s.
Address of Bank Branch	ı: ŠANCOVÁ 1/A, 813 33	BRATISLAVA
Country:	SLOVAKIA	
Code IBAN:	SK 5011110000001191	803002
Code Swift:	UNCRSKBX	
Account number:	1191803002	
Date and Place	 	Signature
Application form shall be Peter Bad'ura M.R.Štefánika 47 940 65 Nové Zámky SLOVAKIA email: eshrkf@gmail.com	send to:	

Document name: Application form-Federation

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Page: 1/1