

REQUEST FOR THE HOMOLOGATION OF A WKF COACH CERTIFICATION BY THE EKF

1. APPLICANT'S DETAILS

SURNAME:	FIRST NAME:	Sports-ID Nº.:
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2. NATIONAL FEDERATION DATA

NF POSTAL ADDRESS:	CONTACT PERSON:
	POSITION IN NF:
	CONTACT E-MAIL:

3. HOMOLOGATION REQUEST

WKF CERTIFICATION IN FORCE

WKF Certified KUMITE Coach*		WKF Certified KATA Coach*	
Exam Date;		Exam Date;	
Expiry Date;		Expiry Date;	
Application WKF Event;		Application WKF Event;	

* If you do not know this information, you can get it by accessing the coach's profile in the Sports-ID system.

EKF COACH CERTIFICATION HOMOLOGATION REQUESTED

EKF KUMITE COACH*	EKF KATA COACH*
<input type="checkbox"/> I confirm that the information provided in this document is correct and I hereby apply for the homologation of this WKF Kumite Coach certification by the EKF.	<input type="checkbox"/> I confirm that the information provided in this document is correct and I hereby apply for the homologation of this WKF Kata Coach certification by the EKF.

* Validity as per the WKF certification expiry date.

4. APPLICATION DATE

5. NF' s PRESIDENT SIGNATURE & NF's STAMP

6. PAYMENT

EKF KUMITE COACH HOLOGATION FEE: 150 EUR	EKF KATA COACH HOLOGATION FEE: 150 EUR
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BANK DETAILS FOR PAYMENT

Account Name: EUROPEAN KARATE FEDERATION
Bank Name: CAIXABANK
Bank Address: Alberto Aguilera, 26 – 28008 Madrid – SPAIN
Account Number:
IBAN: ES06 2100 3415 6122 0008 1707
BIC/SWIFT Code for all Account Numbers: CAIXESBBXXX

Please attach a copy of the payment bank receipt to this application.

Payments are to be made net of all charges included.

To avoid possible incidences, it is essential to indicate to your bank when you made the bank transfer the CONCEPT by which the payment is made.

Please send this application form duly completed together with the corresponding proof of payment of the homologation fee to the following e-mail address; ekf@ekf.com.es