



TORA SHOTOKAN KARATE FEDERATION

Reg :KKD/CA/443/2020

Email: tskaheadquaters@gmail.com

Website: www.torashotokan.com



CLUB/ INDIVIDUAL APPROVAL FORM

Name of the Person/Club: _____

Name of Representative State/District: _____

Present Grade: _____

Mobile. No. _____ Email: _____

Correspondence Address: _____

_____ State: _____ Pin Code: _____

Undertaking: I/We the undersigned hereby declare and confirm that the information furnished here are true and approval of our Karate association/club/academy from **TORA SHOTOKAN KARATE FEDERATION (TSKF)** is subject to abide by the rules and regulations and terms & conditions of TSKF to be strictly followed by us and our members. I/We also understand that TSKF reserves the right to accept or refuse the application and cancel the approval any time in case of found involved in anti-TSKF/Karate activity or against the TSKF and the interest of the sports of Karate. The undersigned is in agreement of the condition that all the disputes/issues related to the approval/membership/affiliation or any Karate activities/Organization shall be referred to the arbitrator appointed by TSKF and the place of the arbitration shall be at KERALA only and the decision/order of the arbitrator shall be final, conclusive and binding.

Signature of Representative

Dated: / /

Name: _____

Position/Designation: _____

For Office use only



Verified by General Secretary

Approved by Chairman

Approval/ID No. _____/TSKF/

Issued on _____