

PLAYER WITHDRAWAL OF TRANSFER FORM

SECTION ONE - To be completed (BLOCK LETTERS) and signed by the player:-

I, (Players full name)..... Date of Birth:/...../.....

Of (Address).....

(Suburb)..... (State)..... (P/Code)

Wish to **withdraw** my application to transfer to theFootball Club

In the Football League/Association

And wish to **remain** a registered player with the.....Football Club

In the Football League/Association

Home Phone: Work Phone.....

Mobile: Email:

I declare that all information provided is true and correct.

Signed: Date:

NB: Deliberately providing misleading information could result in immediate penalties against the player and / or the Club.

SECTION TWO - To be completed (BLOCK LETTERS) and signed by the Club President / Secretary (or delegated representative) that the player wishes to remain at:-

On behalf of the Football Club, I declare that the above particulars are, to the best of my knowledge true and correct. (Penalties will apply to any Club that lodges a false Player Withdrawal of Transfer Form).

Name: (Please Print)

Position: (President /Secretary)

Signature: Date: