

If YES, state

Date

NATIONAL LEAGUE SYSTEM PERMANENT TRANSFER OF A PLAYER FROM ONE CLUB TO ANOTHER

TheFA

THE COMBINED COUNTIES FOOTBALL LEAGUE LTD

Full Name of Club									
Sı	ırname								
Full Name of Player Fore	ename(s)								
Date of Birth (dd/mm/yyyy)				Place of B	Birth				
Current Postal Address									
	Town					Post C	ode		
-									
I Am Currently a Player with								FC	
I desire the transfer of my registration to								FC	
Status with the new Club (Contra	act / Non-Cont	ract)							
Player's Signature	Date								
	I certify that the above information is correct and I consent to the information that I have provided on this form being used by the League for any purposes under the Data Protection Act 1998.								
We desire the transfer of									
the Registration of									
From					То				
Signature of Club Official							Date		
Name & Address of Club									
Official [please print]									
Me cocout the transfer of									
We assent the transfer of the Registration of									
From					То				
Signature of Club Official							Date		
Name & Address of Club Official [please print]									
Please indicate if this form was sent via E-mail or facsing			simile*		Yes / No				

Time