



Joma[®]



PLAYERS TRANSFER FORM – SEASON 2016/17

Note: This form MUST be sent to registrations secretaries via email to kclregsecs@hotmail.com and the payment of £7.00 made to the League preferably via BACS (Account No: 00708801 - sort code: 55-81-07) **League Rule 8** refers.

Subject to The Football Association Rule C2 (a) dealing with players without a written contract when a player desires a transfer, the Club the player wishes to transfer to shall submit the transfer form to the **Registration Secretary. League Rule 8** refers.

THIS PART OF THE FORM TO BE COMPLETED AND SIGNED BY THE CLUB THE PLAYER IS TRANSFERRING TO

_____ F.C.

desire the transfer of _____

from _____ F.C.

It is confirmed that Football Association Rule C2 (a) (Regulations Concerning Approaches) has been adhered to in this case.

It is confirmed that this player has discharged all his debts to his previous club

Signature of Club Officer _____ Date: _____

Position in Club of Officer signing form: _____

Full Postal Address _____

_____ Post Code _____

To be completed by player wishing to transfer:

| | | | |
|--|-----------------------------------|--|-----------------------------------|
| I confirm that I am not holding a written contract with a Club not competing in this League | | Please tick appropriate box | |
| I confirm that I am holding a written contract with a Club competing in this League | | | |
| Have you ever played or registered with a club outside of England* | Please tick as appropriate Yes | If "yes" have you obtained an International Registration Transfer Certificate from the FA? | Please tick as appropriate Yes |
| | No | | No |

*An International Registration Transfer Certificate is required for any Player aged 12 and over crossing borders including Wales, Scotland and Ireland.

| | |
|-----------------------------------|----------------------------|
| Full Name of Player (in Capitals) | Player Registration Number |
|-----------------------------------|----------------------------|

Date of Birth: dd/mm/yyyy _____ Address: _____

_____ Postcode: _____

| | |
|---|--|
| Club from which player is desiring a transfer | |
|---|--|

It is confirmed that I have discharged all my debts to my previous club

Players Signature: _____ Date: _____

THIS FORM MUST BE COMPLETE IN FULL AND IN INK USING BLOCK CAPITALS WHERE APPROPRIATE IN LEGIBLE HANDWRITING.

INCOMPLETE AND INELIGIBLE FORMS WILL BE RETURNED FOR COMPLETION AND THE PLAYER WILL NOT BE TRANSFERRED UNTIL THE FORM HAS BEEN COMPLETED CORRECTLY.