

NOTE:

The CSSL does NOT use the electronic Sporting Pulse transfer system.

CSSL TRANSFER/CLEARANCE REQUEST

If club to club transfer is within Mainland Football/CSSL this form must be completed in full, it is the responsibility of the player named or their new club to go to the Delegate/Secretary of the old club to have this form completed and signed. If Inter Federation or International clearance is required, player and new club fill in their respective parts only. After completion of the form please forward to the CSSL. Forms that are not fully completed may not be processed.

Player to Complete						PLEASE PRINT	CLEARLY
Player's Full Name:							M/F
,	(LAST NAME)			(FIRST NAME			-
Date of Birth: (DD/MM/YYYY)	/	/		Phone:	(HOME)		
		· · · · · · · · · · · · · · · · · · ·		Phone:	(BUS)		
				Phone:	(мов)		
Country of Birth:		_ Ema	il:				
I wish to be cleared to play for the			Club for	the 20	Season.	(New Club)	
I declare that I last played for the			Club		City.	(Old Club)	
I consent to the collection of this information by the information as appropriate to NZ Football, SPARC accordance with The Privacy Act 1993.							
Player's Signature:							
New Club to Complete New Club's Name:						PLEASE PRINT	CLEARLY
					· · · · · · · · · · · · · · · · · · ·		-
Club Delegate/Secretary Name:							-
Signed:				Date:	1	/	
(Authorised Club Signat				-			
Old Club (or Federation) to Co Clearance circle one: If declined, please state reasons:	-	Approved	/ De	eclined		PLEASE PRINT	CLEARLY
Club Delegate/Secretary Name:							
Signed:				Date:	1	/	
(Authorised Club or Fed	leration Signatory)					
WHEN COMPLETED, PLEASE SE	ND BACK TO) CSSL (abov	⁄e PO Box o	or email <u>ad</u>	min@cantert	ourysundayso	<u>ccer.co.nz</u>
			Date re	ply receiv	ed:		-
ID number:			New Cl	ub inform	ed:		-
Entered in Database:							
Signed on behalf of CSSL							