PLAYER FAN No: ..... *(Issue 01/2018)*

(If available, FAN to be completed by the Member Club, however do not delay sending form in to Registration Secretary)

ESSEX & SUFFOLK BORDER FOOTBALL LEAGUE

(Affiliated to the Essex County Football Association) Founded 1911

FORM OF TRANSFER (2018 / 2019)

No: 1. **THE PLAYER** Please complete all details:

SURNAME OF PLAYER

CHRISTIAN NAME(S) OF THE PLAYER

DATE OF BIRTH

ADDRESS:

POSTCODE

I, BEING A DULY REGISTERED PLAYER FOR: ..... FOOTBALL CLUB
IN THE ABOVE COMPETITION, DESIRE TO BE TRANSFERRED TO THE: ..... FOOTBALL CLUB

SIGNATURE OF PLAYER: ..... DATE: .....

No: 2. CLUB TRANSFERRED TO:

I, ... (Name and Signature), CHAIRMAN / HONORARY SECRETARY OF THE:
.... FOOTBALL CLUB, ACTING ON BEHALF OF MY CLUB,
HEREBY REQUEST THE TRANSFER OF ..... (FULL NAME). DATE: .....

No: 3. CLUB REGISTERED WITH:

I, ... (Name and Signature), CHAIRMAN / HONORARY SECRETARY ON BEHALF OF MY CLUB, ASSENT TO THE TRANSFER OF: .... FROM THE ..... FOOTBALL CLUB, TO THE ..... FOOTBALL CLUB DATE: .....

ESSEX & SUFFOLK BORDER FOOTBALL LEAGUE

No: 4. COMPLETION OF TRANSFER

REGISTRATION SECRETARY TO COMPLETE TRANSFER ON "WGS" AND CONFIRM DATE WHEN ELIGIBLE TO PLAY

SIGNATURE OF REGISTRATION SECRETARY: ..... DATE: .....

PLEASE FORWARD COMPLETED FORM TO HONORARY REGISTRATION SECRETARY BY FIRST CLASS POST (RULE 8)
NO COUNTERFOIL / RECEIPT WILL BE ISSUED. PLEASE CHECK "WHOLE GAME SYSTEM" FOR ELIGIBILTY.

CLUBS ARE REMINDED THAT THEY HAVE THE RESPONSIBIBLITY TO CHECK PLAYER ELIGIBILITY FOR CUP FIXTURES.

GDPR:

We will record and store personal data securely and will use it only to communicate with you on topics related to ESBFL.
We will not give it to third parties unless required to do so.