

**COMMUNITY FOOTBALL
PLAYER WITHDRAWAL OF TRANSFER FORM**

GUIDELINES

The Player's registered club must submit this form to its affiliated league when refusing the transfer within the six (6) clear business day timeframe.

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

I, *(Player's full name)*..... Date of Birth:/...../.....

Of *(Address)*..... *(Suburb)*..... *(State)*..... *(P/Code)*.....

Wish to **withdraw** my application to transfer to the Football 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: _____

PLAYER TO COMPLETE

CLUB TO COMPLETE