

PLAYER TRANSFER FORM

OFFICIAL PLAYER TRANSFER DOCUMENT | JANUARY 2016 ONWARDS

Please fill/print in BLOCK LETTERS using blue ink

PLAYER REQUEST

I, Player Name	_, with GBA Registration Code
Wich to transfor from	, to
	E Date of Birth: DD / MM / YYYY
	Player Signature: SIGNATURE
If the applicant is under the age of 18, the sig	gnature of a parent/guardian is required.
NAME	SIGNATURE DATE
TRANSFERRING CLUB AU	JTHORISATION (To be completed by Secretary of the Club the player is transferring from)
On behalf of	, I have no objection to the aforementioned transfer.
NAME	SIGNATURE DATE
ACQUIRING CLUB REQUE	EST (To be completed by Club Secretary)
On behalf of	, I request for the aforementioned transfer.
NAME	SIGNATURE DATE
GBA ACKNOWLEDGEMEN	${f NT}$ (To be completed by GBA President/Secretary/Committee Rep)
On behalf of Goa Basketball Ass aforementioned transfer.	sociation, I acknowledge that GBA has Sanctioned the
NAME	SIGNATURE DATE
OFFICE USE ONLY	

Transfer complete by:

on:

NAME

SIGNATURE