

EAST SUSSEX FOOTBALL LEAGUE

SEASON: 2018 / 2019



TRANSFER REGISTRATION

Transfer me from:Football Club

To:Football Club

Player's Name: **(MUST BE BLOCK CAPITALS)**

Player's Address:

..... (including postal town/village)

Post Code:

Player's Signature: Date:

I certify that the above information is correct and I consent to the information that I have provided on this form being used by the League for any purposes under the GDPR2018. The details on this form will be sent to the SCFA.

This section to be completed by an Official of the club from which the player is transferring.

On behalf of..... Football Club I agree to the transfer.

Signed: (Club Official)

Print Name: Date:

This section to be completed by an Official of the player's new club

Signature: Print Name..... Date:

Note to Club: If this form is not fully and correctly completed, **in black or blue ink**, it will be returned unprocessed. Please check for accuracy before sending. Clubs will be invoiced during the season for the number of Transfer Forms submitted to the ESFL. All invoices **MUST** be paid within 14 days.

Ref No

This section to be completed by ESFL

Transfer Date:

Registration Sec Signature

Date sent to SCFA

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