



SEYCHELLES FOOTBALL FEDERATION

APPLICATION FORM FOR PLAYER TRANSFER REGISTRATION

PLAYER'S
PHOTO

DETAILS OF CLUB SUBMITTING APPLICATION FOR RECRUITING (TRANSFEREE)

NAME OF CLUB: _____ NAME OF CLUB OFFICIAL: _____
ADDRESS: _____ POSITION/STATUS: _____
DATE: ____ / ____ / ____ SIGNATURE: _____

DETAILS OF CLUB TRANSFERING PLAYER (TRANSFERER)

NAME OF CLUB: _____ NAME OF CLUB OFFICIAL: _____
ADDRESS: _____ POSITION/STATUS: _____
DATE: ____ / ____ / ____ SIGNATURE: _____

DETAILS AND CONFIRMATION OF PLAYER

FAMILY NAME: _____ FIRST NAME(S): _____
DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____
NATIONALITY: _____ PASSPORT NUMBER: _____
PASSPORT DATE ISSUED: ____ / ____ / ____ PASSPORT EXPIRY DATE: ____ / ____ / ____
DATE ITC RECEIVED: ____ / ____ / ____ GOP NUMBER: _____
ADDRESS: _____ PHONE NUMBER: _____
EMAIL ADDRESS: _____
SEYCHELLES NIN: _____ PLAYER SIGNATURE: _____

I hereby agree to be a registered player with _____ and confirm to abide by the rules and regulations of the Seychelles Football Federation. I acknowledge this registration will be for a maximum of three (3) years or as per contract

CONDITIONS

This registration form must be scanned and uploaded to the SFF Registration platform. The documents below are required to support the registration, and must also be scanned and uploaded to the SFF Registration platform.

Please tick to indicate which supporting documents accompany the registration form:

- ☐ Seychelles National Identity Card and/or Passport (one or both)
- ☐ Medical Certificate (Occupational Fitness Health Certificate) (if any, for Non-Seychellois players)
- ☐ Standard Contract Agreement (if any)
- ☐ Gainful Occupational Permit (if any, for Non-Seychellois players)
- ☐ National Sports Council (NSC) Clearance Certificate (if any, for Non-Seychellois players)
- ☐ Player Release Document and/or International Transfer Certificate (if any)
- ☐ Parental Consent (if player is under 18 years of age at time of registration)

FOR OFFICIAL USE ONLY

DATE RECEIVED: _____ / _____ / _____ TIME RECEIVED: _____

SFF OFFICER FULL NAME: _____ DATE APPROVED: _____ / _____ / _____