SEYCHELLES FOOTBALL FEDERATION

APPLICATION FORM FOR PLAYER STATUS CHANGE

DETAILS OF CLUB SUBMITTING APPLICATION FOR STATUS CHANGE

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 confirm that I have never previously registered as a player for any other club in any country. I hereby agree to be a registered for the first time as player with _____ and confirm to abide by the rules and regulations of the Seychelles Football Federation.

STATUS CHANGE

The player is currently registered as a Hobby / Amateur / Amateur Under Contract / Professional

This request is to change the player to Hobby / Amateur / Amateur Under Contract / Professional

The Club hereby confirms that it will adhere to all relevant regulations and will provide all required documents for the approval of this request.

FOR OFFICIAL USE ONLY

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

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