SEYCHELLES FOOTBALL FEDERATION

APPLICATION FORM FOR PLAYER TRANSFER REGISTRATION

DETAILS OF CLUB SUBMITTING APPLICATION FOR RECRUITING PLAYER (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:

- ☐ High Quality Recent Photo
- ☐ Seychelles National Identity Card and/or Passport (one or both)
- ☐ Medical Certificate (Occupational Fitness Health Certificate) (for Non-Seychellois players)
- ☐ Sport Physical Fitness Health Certificate (for Seychellois players)
- ☐ Standard Contract Agreement (if any)
- ☐ Gainful Occupational Permit (for Non-Seychellois players)
- ☐ National Sports Council (NSC) Clearance Certificate (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:** _____ /_____ /_____