

AFLVICTORIA

PLAYER WITHDRAWAL OF TRANSFER FORM



UIDELINES

The Player's registered club must submit this form to its affiliated league when refusing the transfer within the six clear business day timeframe.

SECTION ONE - To be completed (BLC	OCK LETTERS) and sign	ned by the player:-
İ, (Players full name)		Date of Birth://
Of (Address)	(Suburb)	(State) (P/Code)
Wish to <u>withdraw</u> my application to	transfer to the	Football Club
In the		Football League / Association.
And wish to <u>remain</u> a registered pla	yer with the	Football Club
In the		Football League / Association.
Home Phone:	Work Phone:	
Mobile:	Email:	
_	D	rrect. Pate: Dould result in immediate penalties
SECTION TWO - To be completed (BLO delegated representative) that the player wis	CK LETTERS) and signe shes to remain at:-	ed by the club President / Secretary (or
On behalf of the football club, I de knowledge true and correct. (Pena Withdrawal of Transfer Form).	clare that the above alties will apply to a	e particulars are, to the best of my any club that lodges a false Player
Name: (Please Print)	Position: (Pre	esident /Secretary)
Signature:	Date:	