|  |  |
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| **PART A**   | PLAYER DETAILS  |

|  |
| --- |
|  |
| First name |  | Surname |  |
|  |  |  |  |
| Current Residential Address |  | Date of Birth |  |
| Email |  |

|  |  |
| --- | --- |
| **PART B**   | CLUB DETAILS  |

|  |
| --- |
|  |
| Source  | Club |  | League |  | State |  |
|  |  |  |  |
| Destination  | Club |  | League |  | State |  |

|  |  |
| --- | --- |
| **PART C**   | 24 MONTH RULE  |

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| --- |
|  |
| Has the Player played a match in the Past 24 Months? | Yes |[ ]  Complete Part D and Part E |
|  | No |[ ]  Go to next question |
|  |  |  |  |
| Has the Player had an approved Transfer in the past 24 months? | Yes |[ ]  Complete Part D and Part E |
|  | No |[ ]  Complete Part E |
|  |

|  |  |
| --- | --- |
| **PART D**  | LATE TRANSFER SUBMISSION  |

|  |
| --- |
|  |
| Detail why the Transfer Request was unable to be lodged prior to the expiry of the Transfer Period.  |  |
|  |  |  |  |
| Provide details of the **exceptional & compelling** circumstances that apply to the Transfer Request which you seek to be considered by the State Football Body. |  |
|  |  |  |  |
| List the evidence attached in support of the Application  |  |

|  |  |
| --- | --- |
| **PART E**   | DECLARATION  |

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|  |
| I confirm that, to the best of my knowledge, the details contained herein are true and correct. I understand that if any such details are later found to be incorrect, false or misleading, any approval of the late Transfer Request may be revoked.  |
|  |
| Club  | Contact Name |  | Role |  |
| Email |  | Phone |  |
| Signature |  | Date |  |
|  |
| Player  | Signature(if u18, parent signature) |  | Date |  |