

INTERNATIONAL TRANSFER

PLAYER: _____ Date: _____

Birth Date: _____ E-mail: _____
Day Month Year

Phone: _____ Signature: _____

I have not played or had a license for two years

GIVING CLUB:

(Name of the Club) _____

Address: _____

_____ E-mail: _____

Signature: _____ Date: _____

Name (in print): _____ Function: _____

Reasons if not signed: _____

NATIONAL ASSOCIATION OF THE GIVING CLUB:

Arrival: _____ Approved Disapproved Player has not played/had a license for two years

Reasons if disapproved: _____

Signature: _____ Name (in print): _____

RECEIVING CLUB:

(Name of the Club) _____

Address: _____

_____ E-mail: _____

Signature: _____ Date: _____

Name (in print): _____ Function: _____

INTERNATIONAL FLOORBALL FEDERATION

Arrival: _____ Decision: Approved Disapproved Fee paid _____

Date

Reasons if disapproved: _____

Valid from: _____ Signature: _____ / _____

Shall be sent to: IFF, Alakiventie 2, FIN-00920 Helsinki, Finland, or faxed to +358-9 454 214 50.
The fee, 150 CHF, shall be paid to account 4835-559200-11 at the IFF bank: Credit Suisse, CH-8700
Küsnacht, Switzerland. Swift Code: CRESCHZZ80A. IBAN: CH52 0483 5055 9200 1100 0.