

B I P H AREGION

PLAYER TRANSFER FORM

THIS SECTION IS TO BE COMPLETED BY THE PLAYER AND MANAGER OF THE TEAM THE PLAYER IS TRANSFERRING FROM:

Name..... DOB

BIPHA REG No.

Name of Team and Region leaving

Players Signature Date

I agree to the above named player transferring from(club)
And that they are leaving no debts owed to the said Club.

Managers Signature Date

THIS SECTION IS TO BE COMPLETED BY THE PLAYER AND MANAGER OF THE TEAM THE PLAYER IS TRANSFERRING TO:

Name..... DOB

BIPHA REG No.

Name of Team/Region transferring to

Players Signature Date

I agree to the above named player transferring to.....(club)
And that they leave owing no debts to the said Club.

Managers Signature Date

I acknowledge receipt of the above transfer form on behalf of BIPHA