



INTERNATIONAL TRANSFER

PLAYER: _____

Birth Date: _____ Phone: _____

Day - Month - Year

Date: _____ Signature: _____

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 Signature: _____

Reasons if disapproved: _____

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 4818-559200 -11 at the IFF bank: Credit Suisse, CH-8700 Küsnacht, Switzerland. Swift Code: CRESCHZZ87B. IBAN: CH13 0481 8055 9200 1100 0.