



THE FOOTBALL ASSOCIATION OF WALES Ltd
2018-2019 DOMESTIC TEMPORARY TRANSFER (LOAN) OF
A PROFESSIONAL PLAYER FORM (J12) – PART 1 of 2



SECTION A – PLAYER’S DETAILS

This section **MUST** be completed **IN FULL** by the Player in **BLOCK CAPITALS ONLY:**

Given Forename(s):-		Surname:-	
Name of previous CLUB & COUNTRY for which you were registered:		Date of Birth:-	Place of birth (Town & Country):-

THIS FORM IS ONLY VALID FOR A PROFESSIONAL PLAYER TEMPORARILY TRANSFERRED BETWEEN CLUBS WITHIN THE WELSH PREMIER LEAGUE DURING A WELSH PREMIER LEAGUE DOMESTIC LOAN PERIOD.

Current Postal Address:-	Nationality:-
Post Code:-	

I desire my professional registration to be Temporarily Transferred from:-

<i>Parent Football Club</i>		<i>Loanee Football Club</i>	
FC	To	FC	FC

For the period of to inclusive. I understand that I cannot represent the above-named Parent Club for the duration of my Temporary Transfer.

FAW Player Registration Number (to be completed by Club Secretary if known):-	Player’s Signature:-
<input type="text"/>	Date of Player’s Signature:-
<input type="text"/>	<input type="text"/>

SECTION B – CLUB DETAILS

This section **MUST** be complete **IN FULL** by the Club’s Recognised Signatory in **BLOCK**

<u>Parent Club</u>	<u>Loanee Club</u>
<input type="text"/>	<input type="text"/>
Herby consent to the domestic loan transfer of the above-named Player to register for the above named Loanee Club. I understand that the above-named player will not be eligible to participate for _____ FC in Official Matches for the duration of the Temporary Transfer Period detailed above.	Herby desire the domestic loan transfer of the above-named Player to register for the above named Loanee Club. I confirm that the above-named Player wishes to be registered in _____ league for the 2017 – 2018 season in the and all relevant leagues entered by the Loanee Club named above, for the period as detailed above only.
Recognised Signatory Address:-	Recognised Signatory Secretary’s Address:-
Post Code:-	Post Code:-
Recognised Signatory (Secretary or equivalent / Chairman or equivalent):-	Recognised Signatory (Secretary or equivalent / Chairman or equivalent):-
Date:-	Date:-

THE RECOGNISED SIGNATORY MUST ENSURE THAT THIS REGISTRATION FORM IS SENT TO THE LEAGUE REGISTRATION SECRETARY OF THE CLUB’S MOST SENIOR LEAGUE WITHIN FIVE (5) BUSINESS DAYS OF THE DATE OF THE PLAYER’S SIGNATURE.

