



INTERNATIONAL TRANSFER

PLAYER: _____

Birth Date: _____ Phone: _____
Day Month Year

Date: _____ Signature: _____

GIVING CLUB:
(Name of the Club)

Address: _____ Phone: _____

_____ 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: _____ Phone: _____

_____ 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, Box 1047, SE-17121 Solna, Sweden, or faxed to +46-882 22 14. The transfer fee, 150 CHF, shall be paid to account 0818-559200-11 at the IFF bank: Credit Suisse, CH-8702 Zollikon, Switzerland. Swift Code: CRESCHZZ87B. IBAN: CH13 0481 8055 9200 1100 0.