



APPLICATION FOR TRANSFER OF REGISTRATION

Player's Name: _____

Current Club: _____ ARU/ID _____

Proposed Club: _____

I request approval for a transfer of Registration, and certify I have no financial indebtedness
To any Rugby Union Club or State Union.

Player Sign: _____ Witness' Sign: _____

Date: _____ Witness' Name: _____

Current Registered Club's Certification

I certify that _____ (Player's Name)

Is currently registered with the _____ RUFC and at
the
Date of certification

1. has no financial indebtedness to the Club

2. has the following financial debts outstanding

Sign: _____ Name: _____

Date: _____ Position: _____

NOTE: This section needs to be completed within seven (7) calendar days of receipt from the player, if not signed within that time the Union may grant the transfer

An authorised signature on behalf of the South Australian Rugby Union Ltd

Signature: _____ Print Name: _____ Date: _____