



GCB

PLAYER TRANSFER FORM

SURNAME	
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FORENAME(S)	
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DATE OF BIRTH	
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PLACE OF BIRTH	
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WHEN DID YOUR CURRENT PERIOD OF RESIDENCY IN THE BAILIWICK OF GUERNSEY COMMENCE ?
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DD/MM/YYYY	/	/
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ADDRESS (inc Postcode)	
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Contact Details:

Work Tel:	Mobile Tel:
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Home Tel:	Email:
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Club you wish to Register for	
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Club you wish to transfer from	
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Signed by the Player	Date / /
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Signed by the OLD Club Secretary	Date / /
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Signed by the NEW Club Secretary	Date / /
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If the Club holding the existing registration has any objection to the transfer they should sign the form and note the objection on the reverse. The GCB will not accept the transfer as valid if the objection is reasonable unless the matter had been resolved to their satisfaction.

Date received by REGISTRATIONS SECRETARY	/ /
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