



**AFL PLAYER WITHDRAWAL OF TRANSFER FORM**



GUIDELINES

**The Player's registered club must submit this form to its affiliated league when refusing the transfer within the six clear business day timeframe.**

**SECTION ONE** - To be completed (BLOCK LETTERS) and signed by the player:-

I, *(Players full name)*.....Date of Birth: ...../...../.....  
Of *(Address)*..... *(Suburb)*..... *(State)*..... *(P/Code)*.....

Wish to **withdraw** my application to transfer to the.....Football Club  
In the ..... Football League / Association.

And wish to **remain** a registered player with the .....Football Club  
In the ..... Football League / Association.

Home Phone: ..... Work Phone: .....

Mobile: ..... Email: .....

**I declare that all information provided is true and correct.**

**Signed:** ..... **Date:** .....

**NB: Deliberately providing misleading information could result in immediate penalties against the player and / or the club.**

PLAYER TO COMPLETE

CLUB TO COMPLETE

**SECTION TWO** - To be completed (BLOCK LETTERS) and signed by the club President / Secretary (or delegated representative) that the player wishes to remain at:-

**On behalf of the football club, I declare that the above particulars are, to the best of my knowledge true and correct. (Penalties will apply to any club that lodges a false Player Withdrawal of Transfer Form).**

Name: *(Please Print)* \_\_\_\_\_ Position: *(President /Secretary)*  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_