

CYPRUS FOOTBALL ASSOCIATION

APPLICATION: ENGAGE ON LOAN

WOMEN

TO CYPRUS FOOTBA	ALL ASSOCIATION				
The undersigned p	olayer:				
NAME	SURN	AME FA	THER'S NAME	MOTHER'S NAME	
DATE OF BIRT	TH NATIONALITY	PLACE OF BIRTH	ID NO. / PASSPOR	T NO. JOB	
•				easonafter the	
· ·	obliged to return and play i		THE APPLICANT	edson dreet ene	
Date			Signature:		
			obliged to return and	participate with the team of	
(Stamp)	Signature:	Signature: Signati			
	Full Name:		Full Name:		
Data		President	General Secretary		
application with a	authenticity of the above p	olayer's photo. Please pr	oceed with the approvayer will return to his	atement and we forward the val of loan transfer to our Club origin Club.	
(Stamp)	Signature:		Signature:		
	Full Name:		Full Name:		
		President	Ge	neral Secretary	

NOTE: An application that is not properly completed, or that is not accompanied by the information mentioned therein, or that is not submitted via Comet, will be considered as not received by CFA and will be returned through Comet.

By completing and submitting this document, you consent to the collection and processing of any personal data that is necessary for the purposes of issuing a CFA ID card and registration in the CFA registry of players. This processing is based on CFA's legitimate interests to ensure that each participant agrees with the terms and provisions of the Proclamations of the Competitions, in accordance with the General Data Protection Regulation 2016/679 ("GDPR") and the Cyprus Law on Personal Data Protection 125(I)2018.