

CYPRUS FOOTBALL ASSOCIATION

APPLICATION: ENGAGE A PROFESSIONAL PLAYER PERMANENTLY OUT OF CONTRACT WOMEN

TO CYPRUS FOOTBALL AS	SOCIATION						
The undersigned player	:						
NAME	SURNA	SURNAME		FATHER'S NAME		MOTHER'S NAME	
DATE OF BIRTH	NATIONALITY	NATIONALITY PLACE C		ID NO. / PASSPOR	RT NO. JOB		
I, the holder of the CFA	Card No	in favo	or of the Clul	b			
request the transfer to	the Club						
				THE APPLICANT			
Date			Signature:				
We confirm the authent		~					
	CLUB NAME						
(Stamp)	Signature:		Signature:				
		Full Name:President			Full Name:General Secretary		
Date							

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.