



**TRANSFER APPLICATION and CLEARANCE FORM**

**To be completed by member concerned in the presence of Club Secretary or other Club Official.**

**Full NAME:** .....

**REGISTRATION No:** .....**RECEIPT NO** .....

**TRANSFERRING FROM:**

..... **CLUB:** ..... **ASSOCIATION**

**This is to certify that the above member is not financially indebted to the AND He/She is not under any suspension or threat thereof, accordingly clearance is granted for the above named member to Leave This Club.**

**Signed:** ..... **Club Secretary** ..... **Date:**.....

**TRANSFERRING TO:**

..... **CLUB:** ..... **ASSOCIATION**

**Transfer Effective**

**Signed**..... **Association Administrator** **Date:**.....

**Officials Transfer eg:Parent-**

**Name -** .....**Qualification**.....

**THIS TRANSFER IS DEEMED TO BE EFFECTIVE AS FROM THE LAST DATE ABOVE**

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**ADDITIONAL INFORMATION IF REQUIRED:**

**Please find attached the certified personal best performances of the above swimmer.**

**Signed:** ..... **Club Recorder**

**Copies to :**    **Both Clubs**    **Each Association Involved**    **File Copy**

