



CYPRUS FOOTBALL ASSOCIATION

APPLICATION: ENGAGE AN AMATEUR PLAYER PERMANENTLY WOMEN

TO
CYPRUS FOOTBALL ASSOCIATION

The undersigned player:

NAME	SURNAME	FATHER'S NAME	MOTHER'S NAME	
DATE OF BIRTH	NATIONALITY	PLACE OF BIRTH	ID NO. / PASSPORT NO.	JOB

I, the holder of the CFA Card No. in favor of the Club
request the transfer to the Club

THE APPLICANT

Date

Signature:

We confirm the authenticity of the above player's signature and the accuracy of her statement and we forward the application with a high resolution and recent player's photo. Please proceed with the approval of transfer to our Club.

CLUB NAME.....

(Stamp)

Signature: Signature:

Full Name: Full Name:

President

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.