

SOUTHERN DISTRICTS SOCCER FOOTBALL ASSOCIATION Inc.

DECLARATION - UNFINANCIAL PERSON

CLUB: _____

PERSON'S SURNAME: _____ **FIRST NAME:** _____

REGISTRATION No.: _____ **DATE OF BIRTH:** _____

PERSON'S PREVIOUS STATUS:
PLAYER / COACH / MANAGER / COMMITTEE / OTHER _____

TOTAL FINANCIAL DEBT: _____

DETAILS OF DEBT: Please fully particularise the amount claimed and all payments received). Please provide a copy of all of your invoices and/or correspondence supporting your claim ,

WHAT STEPS WERE TAKEN TO RECOVER DEBT: (Attach copies of letter/s of demand, Details of telephone calls, Personal requests or INDIVIDUALS GRIEVANCE HEARING decision, any other actions taken by the Club)

WAS THE PERSON INFORMED OF THE CLUB'S DECISION TO DECLARE HIM / HER UNFINANCIAL (INCLUDING NOTIFICATION AND REFERRAL TO SDSFA FOR ACTION) AND OF PROCESS TO DISPUTE/APPEAL THE CLUB'S DECISION? IF SO PLEASE PROVIDE A COPY OF ANY NOTICE SERVED ON THE PERSON. IF NOT HOW AND WHEN WAS THE PERSON NOTIFIED?

ANY FURTHER COMMENTS:

CLUB SECRETARY:

CLUB TREASURER:

SIGNATURE

SIGNATURE

DATE: _____

DATE: _____