**Application to the Debt Recovery Scheme**

This form must be completed in full by the Secretary of the League/Club. The form must be submitted along with copies of letters sent to the player(s) requesting payment of the debt. Please ensure that you have read the criteria for the debt recovery scheme prior to submitting this form. The criteria can be found on the debt recovery page of our website. The Creditor must pay on advance an administration fee of £25.00 per debt. This figure is added to the total debt to be recovered and forms part of the £50.00 minimum limit.

League/Club Name: …………………………………………………………………………………………………….

Secretary Name: ………………………………………………………………………………………………………..

Date: ……………………………………………………………………………………………………………………….

**Details of Debt**

Please provide the player’s details below. Alternatively please attach a list of all of the players along with their date of birth and address. Failure to provide all of this information will result in the form being returned.

Player’s Name: ……………………………………………………………………………………………………………

Player’s Date of Birth: ……………………………………………………………………………………………………

Player’s Address: ………………………………………………………....................................................................

.…….…………………………………………………...............................................................................................

Player’s Postcode: ………………………………………………………………………………………………………..

Player’s other clubs: ……………………………………………………………………………………….....................

Please provide a breakdown of the debt below. Where leagues are recovering a debt against all players from one club please make this clear in the debt summary.

|  |  |  |
| --- | --- | --- |
| **Date Debt Incurred** | **Summary of Debt** | **Debt Amount** |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  | Debt Recovery application fee | £25.00 |
| **Total Debt Incurred** | | £ |

**Before submitting these forms please ensure that you attached a copy of all letters that have been sent to the player(s) requesting payment. The club/league must have requested payment before an application to the debt recovery scheme can be made. Please return to** [**contactus@hertfordshirefa.com**](mailto:contactus@hertfordshirefa.com)

**Office use only**

Date received: …………………………… Case Number Allocated: ……………………………