

**CONFLICT OF INTEREST DECLARATION FORM**

In accordance with provision 8.5 of The FA Football Agent Regulations ('the Regulations') this form must be completed by all parties who wish to complete a Transaction where there may be actual or potential conflict of interest. If you are unsure as to whether to disclose, please contact The FA. Definitions used herein are as set out in the Regulations. Words denoting the masculine shall be deemed to include the feminine and words denoting the singular shall be deemed to include the plural.

**TRANSACTION**REGISTRATION EVENT<sup>1</sup>: ..... DATE: .....

ENGAGING CLUB: .....

RELEASING CLUB: .....

PLAYER: ..... DATE OF BIRTH: .....

NAME OF DECLAREE: ..... DATE: .....

*I understand that, pursuant to the requirements of the Regulations, I am obliged to declare any actual or potential conflict of interest that may arise as a result of my involvement in the transaction above.*

I am involved in my capacity as:

☐ Player ☐ Football Agent ☐ Official of the Engaging Club ☐ Official of the Releasing Club

If you are a Football Agent, please indicate which party(ies) to the Transaction you are representing (tick all that apply):

☐ Player ☐ Engaging Club ☐ Releasing Club

*I declare the following actual or potential conflict of interest as detailed below:*

(use separate sheet if necessary)

*I declare that I have made all parties to the above transaction aware of the actual or potential conflict of interest declared above.*

SIGNATURE OF DECLAREE: .....

<sup>1</sup> New Registration / Permanent Transfer / Temporary Transfer (between Clubs of the same or different leagues) / Standard Loan / Emergency Loan / Scholarship / Monthly Registration / Multiplicity Registration / Extended Registration / Notice of Amendment / Cancellation of Registration

**DECLARATION BY ALL PARTIES TO THE TRANSACTION**

*The undersigned confirm that, as a party to the Transaction, each has been made aware of the actual or potential conflict of interest detailed above and consents to proceeding with the Transaction.*

*The undersigned confirm that the information contained in the present form is correct, complete and accurate to the best of their knowledge. They acknowledge that, pursuant to the requirements of the Regulations, they are required to provide the above information to The FA. The provision of untrue or misleading information may result in disciplinary action.*

*The Football Association Limited processes the personal data contained in this form in accordance with its privacy policies which can be found at <https://www.thefa.com/public/privacy>.*

PLAYER

**Signed:**.....**Date:**.....

SIGNED BY PARENT/GUARDIAN (if Player is Under 18):

**Signed:**.....**Print name:**.....**Date:**.....

AUTHORISED SIGNATORY ON BEHALF OF ENGAGING CLUB

**Signed:**.....**Print name:**.....

**Position:**.....**Date:**.....

AUTHORISED SIGNATORY ON BEHALF OF RELEASING CLUB

**Signed:**.....**Print name:**.....

**Position:**.....**Date:**.....

FOOTBALL AGENT

**Signed:**.....**Print name:**.....

**Registration number:**.....**Date:**.....

FOOTBALL AGENT

**Signed:**.....**Print name:**.....

**Registration number:**.....**Date:**.....

FOOTBALL AGENT

**Signed:**.....**Print name:**.....

**Registration number:**.....**Date:**.....

(use separate sheet if necessary)

PLEASE ENSURE THIS FORM REACHES THE FA WITHIN 10 DAYS OF SIGNATURE AND IN ANY EVENT NO LATER THAN  
AT THE SAME TIME OF SUBMISSION OF THE PAPERWORK RELATING TO THE CORRESPONDING TRANSACTION