



FIBA Letter of Clearance Application Form

PLAYER'S FULL NAME: _____

PLAYER INFORMATION: Phone: _____

Email: _____

Sex: Male _____ Female _____

Date of Birth: ____/____/____
dd mm yy

Birthplace: _____

Citizenship: _____

LAST CANADIAN TEAM: Team: _____

League: _____

Level: Pro Club University/College High School Amateur Club (circle one)

NEW FOREIGN TEAM: Team: _____

Country: _____

League: _____

Level: Pro Club University/College High School Amateur Club (circle one)

AGENT INFORMATION**: Player Agent: Yes No (circle one)

Agent's Name: _____

Agent's Nationality: _____

FIBA Agent License #: _____

**NOTE: It is a FIBA regulation for correct agent information to be listed.

By applying for this letter of clearance and affixing my signature below, I hereby attest that I have fulfilled all contractual obligations stipulated in any and all contracts between myself and any team, club or national federation. I have read and fully understand all material within this application and have answered all questions truthfully and honestly.

APPLICANT SIGNATURE: _____

DATE: _____

Fully completed applications can be:

Emailed to Canada Basketball at letterofclearance@basketball.ca

or

Faxed to Canada Basketball at 416 614 9570 attn: Letter of Clearance

Allow seven (7) days for processing. Fee of \$195.00 must be received before processing. For your convenience VISA, MASTERCARD and AMERICAN EXPRESS are accepted. Bank transfers are also accepted. Bank transfer information can be found on the application process sheet.

CREDIT CARD INFORMATION

Credit Card #: _____

Expiry Date: _____

Card Type: _____

Cardholders Name: _____

Cardholders Signature: _____

OFFICE USE ONLY

Date Processed _____ Fee _____

Letter of Clearance #: _____