

APPLICATION FOR CANADA BASKETBALL INTERNATIONAL PLAYER'S LICENCE

PLAYER'S NAME		<u> </u>					
PERMANENT CANADIAN ADDR	RESS				<u>.</u>		
PHONE	H:	F:		Ema	il:		
PERSONAL INFORMATION		Age	Sex_	M	F		
		Birthplace		Date of Birth_			
		Citizenship		Ht	Wt.	т уу	
EDUCATIONAL HISTORY	List Institutions Attended and Year of Completion						
EDUCATIONAL RISTORY	List mon	Post SecondaryYr. Completed					
		High SchoolYr. Completed					
BASKETBALL HISTORY	Name of Amateur Teams, With Dates (include all-star, foreign, etc.)						
	12						
	1			4			
AGENT INFORMATION	Name & Address						
	FIBA A	gent License Number					
NAME OF FOREIGN TEAM (III	st name and	address of agent, if for	reign tearr	ı unknown)			
				Country		Contact #	
		Team Name		Country		Opinizor.	
DEPARTURE DATE		(Note: the license must be obtained prior to date of departure time from Canada)					
I have answered all questions abo	ove completel	y and accurately, and I c	ertify that a	ell information is true	and corre	ect.	
		ATURE		DATE			
			, -				
MAIL OR FAX TO		DA BASKETBALL		CREDIT CARD INF		TION	
		stside Drive, Unit 11	1 6	Expiry Date:			
	Toron M9C	to, Ontario	10	Card Type:Cardholders Name:			
		116) 614-8037	1	Cardholders Name:			
		416) 614-9570					
Allow ten (10) days for pr	rocessing.	Fee of \$110.00 mus	t	OFFICE USE ONL	.Y	Ean	
しょ ニニュニション ちゃかかり ひだのぐり	issino cui	sing. For your convenience A AMERICAN EXPRESS are		Date Processed		Fee	
VISA, MASTERCARD ar	nd AMERIC			License No			
accepted.							





Canada Backetball acknowledges receipt of your request for a letter of clearance.

Please be advised that in order to process your request for a player's license, we will require receipt of your remittance in the amount of \$110.00 Canadian and the enclosed application form completed and signed.

In order to expedite this process VISA, MASTERCARD and AMERICAN EXPRESS are accepted. In the event you prefer to make a bank transfer, we will require a faxed copy of the funds transferred to our account.

The bank transfer of funds should be deposited to our account as follows:

Branch

HSBC

70 York Street

Toronto, Ontario M5J 1S9

Contact: Jesse MacMasters

Tel: (416) 868-8083 Fax: (416) 868-3804 Tel: 613-748-6137

Fax: 613-748-6666

Email: Jesse_MacMasters@hsbc.ca

Account Name

Canada Basketball

Account Number

442299001

Transit Number

10002

Swift Code

HKBC CATT

Financial Institution #

16

CUID#

HKBT

Upon receipt of the above information by return fax, we will be in a position to process your request for an international player's licence.

Awaiting your reply.

2. Mille

Erin Miller

Coordinator – Elite Performance

98:01 800Z/1Z/Z0 0786418814 CANADA BASKETBALL