



FFA NATIONAL BANNING REGULATIONS

REVIEW APPLICATION FORM

Review by FIBAC of bans issued prior to 15 February 2016

FOOTBALL FEDERATION AUSTRALIA

Level 22, 1 Oxford Street, Darlinghurst NSW 2010

Locked Bag A4071, Sydney South NSW 1235

Telephone: +61 (2) 8020 4000

Facsimile: +61 (2) 8020 4100



Your privacy: FFA collects your personal information so we can administer the National Banning Regulations and the Football Independent Banning Appeal Committee. You have a right to access certain personal information that we collect and hold about you. You may contact us at privacy@ffa.com.au. A copy of the FFA privacy policy is available at www.ffa.com.au/privacy.

1. APPLICANT DETAILS

Name: _____

Address for service of notices: _____

Telephone: _____

Mobile: _____

Fax: _____

Email: _____

2. CLUB DETAILS

Are you a registered member of an A-League Club or W-League Club?
Yes [] No []

If your answer is yes, please name that club:

Name of Club: _____

3. BANNING NOTICE

You must include a copy of the Banning Notice being appealed and confirm the date of the Banning Notice:

Date of Banning Notice: *DD/MM/YEAR*

5. INSTRUCTIONS FOR LODGING REVIEW APPLICATION FORM

You should address any correspondence, applications or other general queries to:

*Football Federation Australia Limited
Level 22, 1 Oxford Street, Darlinghurst NSW 2010
Locked Bag A4071, Sydney South NSW 1235
Ph: (02) 8020 4000
Fax: (02) 8020 4100
banreview@ffa.com.au*

6. SIGNATURE OF APPLICANT

By submitting this Review Application Form, you:

- (a) acknowledge and agree to be bound by and comply with the FFA National Banning Regulations;
- (b) agree to release each member of the Football Independent Banning Appeal Committee from all liability arising directly or indirectly out of or in connection with the determination of this Application;
- (c) agree not to bring any claim or proceeding against a member of the Football Independent Banning Appeal Committee for any damage, loss, injury or liability you may suffer arising directly or indirectly out of or in connection with the determination of this Application;
- (d) warrant that the information contained in this Review Application Form is true and correct.

Signed:

Name:

Date:

DD / MM / YEAR
