

## **APPLICATION FOR CHANGE**

DIVISION (Please circle)		S1 DIVISION	S2 DIVISION	DIVISION	S4 DIVISION	S5 OMSION
TEAM NAME						
NAME OF CAPTAIN					MOBILE:	
TYPE OF CHANGE		□ Replace Curren □ Change Card D		□ Add New □ Others	Player	
REASON(S) FOR REQUEST*		□ Reason for leav □ Lost Existing Ca	•			
1. New Pla	yer Details	s (for player replacer	nent or add	dition)		
•	-	of New player must be of New Player must			_	
Replaced Player Information	FULL NAM	E:				Rating:
New Player Information	FULL NAM (name withou	E: ut surname will be reje	ected)			
	Email:					
	Mobile:		NRIC/FII	N:		
Card Details	Card ID:	-	-	-		
Card Details	Card Name	:				Rating:
2. Update	Player Det	ails (for card replac	ement)			
Player Name						
Old Card ID	-	-	-			
New Card ID	-	-	-			
*All information sta	ted in the for	m are mandatory, in	complete	form submis	sion will be re	jected.
CAPTAIN'S SIGN	IATURE				DATE OF SU	JBMISSION
		Fax No.: <b>6735-1381</b> , or	email the fo	rm to: league_	sg@dartslive.c	om
FOR OFFICIAL U	ISE ONLY					
/erified Bv:		م ا)	aque De	pt) Date:		