



IMPORTANT NOTE FOR PLAYERS:

Please complete the “Player Information” section of this form in **CAPITAL LETTERS** and forward to the IIHF. Please ensure that each part of the Player Information section is complete. Your retirement date will be the date that the IIHF receives this form with the Player Information section **fully** completed. The IIHF will thereafter provide to you written confirmation of your retirement date. If you do not receive this written confirmation of retirement, please contact the IIHF.

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PLAYER INFORMATION (for completion by the Player)

Member National Association (MNA): _____

Family Name: _____ Given Name: _____ Date of Birth:(dd/mm/yyyy)_____

Address: _____

Email Address: _____ Phone Number: _____

I hereby certify that I am retiring from ice hockey competition.

I hereby certify that I have discussed the implications of my retirement with relevant personal from either the IIHF or my Member National Association or my National Anti-Doping Organization (“NADO”). I am also aware of and understand the IIHF Doping Control Rules regarding Retirement (IIHF Doping Control Regulation 4.4.1 and 4.4.2) found on the IIHF Retirement and Reinstatement Policy.

I acknowledge that my retirement date will be the date that IIHF receives my **fully** completed form and that the IIHF will provide me with written confirmation of my retirement, including my retirement date.

Signature: _____ Place and Date: _____

CONFIRMATION OF PLAYER STATUS (IIHF Office Use Only)

Player’s retirement date (date fully completed IIHF Retirement Notification Form received):

Written confirmation of retirement sent to:

- Player: yes / no Date: (dd/mm/yyyy)_____
- NADO: yes / no Date: (dd/mm/yyyy)_____
- MNA: yes / no Date: (dd/mm/yyyy)_____