RUGBY FOOTBALL UNION

200 Whitton Road, Twickenham TW2 7BA

Application to transfer 75 Year Individual Debentures (before the end of the Benefits Period)

PART ONE

To be completed by the transferor (or the transferor's representative*)

Name				
Address				
_	Post Code			
Daytime Tel.				
Email				
_				
Seats to be transfe	rred:			
Block		Row(s)	Seat(s)	
I wish to transfer the Debenture relating to the above seat(s) to the Individual named overleaf.				
I have/have not enclosed the certificate(s) (delete as applicable).				
Signature		Date		
* in the event that the transferor is deceased, a copy of the grant of probate should be				

submitted with this form.

PART TWO To be completed by the transferee

Name		
Address		
	Post Code	
Client Code (if an existing holder) Daytime Tel.		
E-mail		
Club		
I wish the Debent	ure described in Part One to be transferred into my name.	
	have read the Terms and Conditions of the Debenture scheme on ture was purchased.	
I confirm that I am not a Business as defined in the Terms and Conditions of the Debenture Scheme, nor am I having this Debenture transferred to me as nominee, agent or trustee for or otherwise on behalf of such a Business.		
above, which is a Benefits Period of constituent body, Union. I understa Debenture fail to Football Union s forthwith redeem	am a fully paid-up member of the club or constituent body named member of the Rugby Football Union, and I undertake during the of the Debenture to remain a fully paid-up member of that club or or any other which is in membership with the Rugby Football and that, should I at any time during the Benefits Period of the give confirmation of such membership when requested by the Rugby to do, the Rugby Football Union may in its absolute discretion such Debenture by repayment of the nominal value thereof (but not any part thereof) and the Rights to such Debenture shall cease	

Signature

Date _____