

SUPER LEAGUE					
Men		Women			
Tick '√' as appropriate					

## <u>APPLICATION FOR MERCANTILE VOLLEYBALL TOURNAMENT 2025 – SUPER LEAGUE</u>

Name of the Company :			Employer EPF No. :				
Tea	m Name (Optional) :	(	Max. 20 characters	)			
	NAME	EPF	No NIC I	No WhatsApp No	Signature		
01	Captain:						
02	V. Captain:						
03							
04							
05							
06							
07							
80							
09							
10							
11							
12							
13							
14	*						
	Head Coach:						
* External Player (Optional. One local or foreign External Player is allowed to take part)							
	Name :						
	Nationality:						
				·			
Det	ails of the players who represented you NAME	our team in last ye <b>Date joined</b>	ar and left after 2 <b>Date Left</b>	4 tournament Comments			
1	IVAIVIL	Date joined	Date Left	Comme	1165		
2							
3							
4	We hereby certify that the informa	l ation furnished are	true and accura	 ate, and all the players (exc	ent 'External		
	Player') are permanent employees						
• We agree to abide by rules and regulations of the tournament and understand that the decision of Mercantile							
Volleball Association of Sri Lanka will be final and conclusive.							
	/Director/Head of HR/HR Manager nature & Rubber Stamp)	Date		Signature of the Captair	1		