

CARRIER TRANSITION FUNDS

END-OF-CAREER ALLOWANCE

INFORMATION TO BE COMPLETED FOR AN ALLOCATION REQUEST

Form to be returned by 31/03/2019

I, the undersigned:

Surname: First name:
 Date of birth: Nationality:
 Address:
 Post code: Town:
 Country: Phone:
 E-mail:

Was a professional road cyclist:

From: To:
 I received a UCI license n° until year 20 (Last year of competition)

Do solemnly declare:

- That I have ended my career permanently on **31st December 20**
- That I have suffered **no suspension** under UCI anti-doping regulations or other during my career (if this is not the case, thank you to forward details of any possible suspensions on the back of this form).
- That I have been employed by the following **Trade Teams**:
 1. TT Year (s):
 2. TT Year (s):
 3. TT Year (s):
 4. TT Year (s):
 5. TT Year (s):
 6. TT Year (s):
 7. TT Year (s):
 8. TT Year (s):

Request the allocation of an *End-of-Career Allowance* provided by the UCI / CPA Carrier Transition Funds.

In order to validate the application, I enclose the following documents:

- Certificates from the Professional TT to whom I was contracted, attesting that I have raced at least 30 competition days during each contract's year (min. 5 years)
- Bank details (RIB) with BIC and IBAN for banking domiciliation.

Signed at: **Signature:**
On: