



## Petition for Seeding Protection

### Player Information

Player's Name: \_\_\_\_\_

Player's association: \_\_\_\_\_

Last ITTF competition: \_\_\_\_\_

Last TT activity: \_\_\_\_\_ Date: \_\_\_\_\_

Last WR position:      **Senior:**                      **U21:**                      **Junior:**                      **Cadet:**

Reason of Absence:

Injury

Pregnancy

Sickness

Detailed information:

*You must submit request for special seeding within six (6) months after the player's last ITTF competition. Official medical certificate is required in all cases. Form must be sent to [rankings@ittf.com](mailto:rankings@ittf.com).*

\_\_\_\_\_  
*Signature of NA and stamp*

\_\_\_\_\_  
*Date*

With my signature, I confirm that the above information is true and correct.

Name of the submitting person: \_\_\_\_\_

Position in national association: \_\_\_\_\_

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*Do not edit below this line*  
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### Ranking Group Approval (filled in by the ITTF ranking manager)

Approved

Rejected

Comments:

\_\_\_\_\_  
*Ranking Manager's Signature*

\_\_\_\_\_  
*Date*