

## **PLAYER REGISTRATION FORM**

This Form is to be completed in full and submitted with the supporting documents required for processing.

Registering Club	Mariaelala
<u> </u>	Marine United Fo
Player Information	
Name	Menzi
Surname	Makala
ID Number	9703116232083
Residential Information	
Address	47 Tambo Street
	Mascikhano
	bunsbaar
0.1.11.6	1220
Contact Information	
Contact Number (Cell):	0792068991
E-mail:	
Declaration	
I hereby declare that I will adhere to the Community Football Federation Competition Rules as required in	
my participation in all its competitions. I will behave myself accordingly and show myself to be a good	
example to those in my community and consider myself an ambassador for the Federation.	
Signature:	
	M. APKT
Date:	27166/2024
FOR OFFICIAL PURPOSES ONLY	
Unique Player Number:	
ID Photo (clear & recent)	ID Copy (clear) Transfer/ Clearance Certificate

Amedanges to the personal particulars in your 12 Bookin ust be communicated to all left and pames

NOTICE OF CHANGE OF ADDRESS
ADDRESS John This pocket is
change in banicular of your present
address of name of street and/or

Hand in at or post to the nearest regional district office of the DEPARTMENT DEFIOME AFFAIRS

I.D. No. 970311 6232 083

MAKĀLA

MENZI

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